

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-24-2002 91290 013 ****61.25

DOCUMENT # N99000000943

1. Entity Name

SUNRISE THEATRE, INC.

Principal Place of Business

Mailing Address

117 SOUTH 2ND ST
FORT PIERCE FL 34950106 SOUTH DEPOT DR
FORT PIERCE FL 34950

38563

2. Principal Place of Business

Sunrise Theatre, Inc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

210 South Depot Drive

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

4. FEI Number

65-0916173

Applied For

Not Applicable

Zip

34950

Country

St. Lucie

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, DORIS
106 SOUTH DEPOT DR
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name Tillman, Doris

Street Address (P.O. Box Number is Not Acceptable)

210 South Depot Drive

City Fort Pierce

FL

34950

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Doris D. Tillman* DORIS D. Tillman manager 4-30-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOROWITZ, MICHAEL	
STREET ADDRESS	5312 STATELY OAKS ST.	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HELLSTROM, ALEXANDRA	
STREET ADDRESS	1515 PINE HOLLOW DR.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOIGMAN, MARK	
STREET ADDRESS	115 SOUTH 2ND ST.	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Manager	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tillman, Doris TM	
STREET ADDRESS	210 South Depot Dr.	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexandra Hellstrom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexandra Hellstrom 4-30-02 772 466-4181

Date

Daytime Phone #

CR2E037 (9/01)