

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006425

1. Entity Name

**INFORMED RESIDENTS OF SUNSHINE RANCHES, INC.**

Principal Place of Business

5000 SW 148TH AVE  
FT LAUDERDALE FL 33330

Mailing Address

5000 SW 148TH AVE  
FT LAUDERDALE FL 33330

2. Principal Place of Business

4919 SW 148TH AVE  
Suite, Apt. #, etc.

3. Mailing Address

4919 SW 148TH AVE  
Suite, Apt. #, etc.

City & State

DAVIE Florida  
Zip 33330 Country

City & State

DAVIE Florida  
Zip 33330 Country

DO NOT WRITE IN THIS SPACE

EIN# 65-1134000

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBERTUS, ARTHUR W  
LAMBERTUS & LAMBERTUS, P.A.  
2929 E COMMERCIAL BLVD, SUITE 604  
FT LAUDERDALE FL 33308

Name

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

City

FL

Zip Code

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

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  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LETTERESE, PETER  
5000 SW 148TH AVE  
FT LAUDERDALE FL 33330 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FAWCETT, BARBARA  
5100 SW 148TH AVE  
FT LAUDERDALE FL 33330 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LETTERESE, RAMONA  
5000 SW 148TH AVE  
FT LAUDERDALE FL 33330 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Barbara Fawcett, Director, Aug 13, 2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

08-20-2001 90073 007 \*\*\*\*70.00



CR2E037 (5/01)