

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90205 007 \*\*\*150.00

**DOCUMENT # P93000057809**

Entity Name  
**SUNSHINE ADULT DAY CARE, INC.**

Principal Place of Business

441 E AIRPORT BLVD  
 SANFORD FL 32773  
 US

Mailing Address

1850 LAKESHORE CIR  
 LONGWOOD FL 32750-4520  
 US

*441 E. Airport Blvd*

*1850 Lakeshore Cir.*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Sanford Fla*

Suite, Apt. #, etc.

*Longwood, Fla.*

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3197198**

Applied For

Not Applicable

Zip *32773*

Country *Seminole*

Zip *32750-4520*

Country *Seminole*

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

**COOPER, BILL M**  
**1850 LAKESHORE CIR**  
**LONGWOOD FL 32750**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOPER, BILL M</b>		NAME	
STREET ADDRESS <b>1850 LAKESHORE CIR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LONGWOOD FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ST COOPER, LILA P</b>		NAME	
STREET ADDRESS <b>1850 LAKESHORE CIR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LONGWOOD FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill M. Cooper Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-17-01*  
 Date

*407-332-4938*  
 Daytime Phone #

CR2E034 (10/00)