

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089416

1. Entity Name

SUNRISE PROPERTIES OF FT. PIERCE, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90114 027 ***150.00

Principal Place of Business

Mailing Address

203 SOUTH 29TH ST.
FT. PIERCE FL 34947

203 SOUTH 29TH ST.
FT. PIERCE FL 34947-3619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0707887

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SLAY, BETTY J
203 SOUTH 29TH ST.
FT. PIERCE FL 34947

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

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, 2000 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

TITLE D
NAME SLAY, BETTY J
STREET ADDRESS 203 SOUTH 29TH ST.
CITY-ST-ZIP FT. PIERCE FL 34947 ☐ Delete

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

TITLE SP
NAME SLAY, ROBERT L
STREET ADDRESS 203 SOUTH 29TH STREET
CITY-ST-ZIP FORT PIERCE FL 34947 ☐ Delete

TITLE D P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DVPT
NAME WILLIAMS, SANDRA A
STREET ADDRESS 9495 GERMANY CANAL ROAD
CITY-ST-ZIP FORT PIERCE FL 34988 ☐ Delete

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

TITLE DS
NAME SHAW, JULIE A
STREET ADDRESS 990 N KINGS HIGHWAY
CITY-ST-ZIP FORT PIERCE FL 34947 ☐ Delete

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

TITLE D
NAME ANDERSEN, DEBORAH S
STREET ADDRESS 221 GARDEN AVENUE
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Richard S. Slay
STREET ADDRESS 4313 Brimcrest Drive
CITY-ST-ZIP Oklahoma City OK 73072 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA S. WILLIAMS

Date

3-30-2000

Daytime Phone #

561-464-0592

CR2E034 (9/99)