

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103181

1. Entity Name
NEW SUNRISE PALMS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90994 024 ***150.00

C0059222

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Attn: Mary B. Knauer
225 Water St. 3rd Floor
Jacksonville, FL 32202

Mailing Address
Attn: Mary B. Knauer
225 Water St. 3rd Floor
Jacksonville, FL 32202-5185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 56-2007030

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

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Wert, Larry J.	
STREET ADDRESS	225 Water Street	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Mitchell, John A. III	
STREET ADDRESS	225 Water Street	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Hodnett, Byron E.	
STREET ADDRESS	225 Water Street	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	McGrath, Lakshmi	
STREET ADDRESS	200 S. Biscayne Blvd., 14th Floor	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knauer, Mary B.	
STREET ADDRESS	225 Water Street, 3rd Floor	
CITY-ST-ZIP	Jacksonville, FL 32202-5185	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knauer, Mary B.	
STREET ADDRESS	225 Water Street, 3rd Floor	
CITY-ST-ZIP	Jacksonville, FL 32202-5185	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Brian	
STREET ADDRESS	225 Water Street, 3rd Floor	
CITY-ST-ZIP	Jacksonville, FL 32202-5185	
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		

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:

Mary B. Knauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

(204) 489-3160

Daytime Phone #

CR2E034 (11/00)