

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **P99000026960**

1. Entity Name

SUNRISE BORDERS, INC.

Principal Place of Business

251 Plaza Dr., Ste. B
Oviedo, FL 32765

Mailing Address

(same)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

James Grider
448 W. Palm Valley Dr.
Oviedo, FL 32765

7. Name and Address of New Registered Agent

Name
Lehn E. Abrams
Street Address (P.O. Box Number is Not Acceptable)
801 N. Magnolia Avenue, Ste. 201
City **Orlando** FL Zip Code **32803**

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)

6/27/00

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

TITLE **D** NAME **James Grider** ☒ Delete
STREET ADDRESS **251 Plaza Dr., Ste. B**
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** NAME **Sandra L. Grider** ☒ Change ☐ Addition
STREET ADDRESS **251 Plaza Dr., Ste. B**
CITY-ST-ZIP **Oviedo, FL 32765**

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Sandra L. Grider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/00

DATE

407-977-7001

Daytime Phone #

FILED

00 JUL 13 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/7/00 90395/039 \$61.25
DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

113