

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 028 ****61.25

DOCUMENT # 722594

1. Entity Name

SHADOWOOD VILLAGE, INC.

Principal Place of Business

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

Mailing Address

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

655923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

602 EAST CHURCH ST.

Suite, Apt. #, etc.

3. Mailing Address

602 EAST CHURCH ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip
32801

Country

USA

City & State

ORLANDO, FLORIDA

Zip
32801

Country

USA

4. FEI Number

59-1516040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name **DAVID R. PIERCE**

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

FIRST CAPITAL

602 EAST CHURCH STREET

City

ORLANDO

FL

Zip Code

32801

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]
 Signature, typed or printed name of registered agent and title if applicable.

DAVID R. PIERCE

(NOTE: Registered Agent signature required when reinstating)

4/27/01

DATE

FILE NOW:
FEE IS \$61.25

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 **PD** ☐ Delete
 NAME **ENNIS, WILLIAM**
 STREET ADDRESS **107 STARLING LN**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VP** ☒ Delete
 NAME **RUSSELL, LINTON**
 STREET ADDRESS **104 WILD HOLLY LN**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **SD** ☒ Delete
 NAME **BALEDES, ANN**
 STREET ADDRESS **111 WEEPING ELM**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Delete
 NAME **KENNEY, RON**
 STREET ADDRESS **113 WILD HOLLY LN**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **WILLIAM JOHNSON**
 STREET ADDRESS **127 RED CEDAR DR**
 CITY-ST-ZIP **LONGWOOD, FL 32779**

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

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: *[Signature]* **DAVID R. PIERCE** **4/27/01** **407-872-0209**

CR2E037 (10/00)