

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722594

1. Entity Name

SHADOWOOD VILLAGE, INC.

Principal Place of Business

602 EAST CHURCH ST.
ORLANDO FL 32801
US

Mailing Address

602 EAST CHURCH ST.
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

PIERCE, DAVID R
FIRST CAPITAL
602 EAST CHURCH STREET
ORLANDO FL 32801

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE T
NAME JOHNSON, WILLIAM
STREET ADDRESS 127 RED CEDAR DR.
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE S
NAME MICHELE DAVIS
STREET ADDRESS 105 WILD HOLLY LANE
CITY-ST-ZIP LONGWOOD, FL 32779 ☐ Delete

TITLE VP
NAME ROBERT SHAKAR
STREET ADDRESS 125 RED CEDAR
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE J
NAME JUSAN WILLIS
STREET ADDRESS 203 WEEPING ELM
CITY-ST-ZIP LONGWOOD, FL 32779 ☐ Delete

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-27-2002 90487 042 ****61.25

95535



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)