

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734559

1. Entity Name

SHANGRI LA HOME OWNERS ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90248 049 ****61.25

Principal Place of Business

Mailing Address

1001 SHANGRI LA
SEFFNER FL 33584
US

P.O. BOX 991
SEFFNER FL 33583-0991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2719821

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

RAY, GLADYS
1001 SHANGRI LA DRIVE
SEFFNER FL 33584

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

Gladys Ray

Treasurer

1-7-00

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 VP
NAME MILES, MARC
STREET ADDRESS 612 ROOKS ROAD
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE
NAME MILES, Marc ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME RAY, GLADYS
STREET ADDRESS 1001 SHANGRI LA DR
CITY-ST-ZIP SEFFNER FL ☐ Delete

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

TITLE D
NAME SESSIONS, PAUL
STREET ADDRESS 710 QUEENS CT
CITY-ST-ZIP SEFFNER FL ☒ Delete

TITLE D
NAME Anette Friese
STREET ADDRESS 607 Pawn Way
CITY-ST-ZIP Seffner, FL 33584 ☐ Change ☒ Addition

TITLE D
NAME BLOISE, SANDY
STREET ADDRESS 908 SHANGRI LA
CITY-ST-ZIP SEFFNER FL 33485 ☐ Delete

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

TITLE D
NAME MURRAY, JOYCE
STREET ADDRESS 1007 SHANGRI LA DR
CITY-ST-ZIP SEFFNER FL ☒ Delete

TITLE D
NAME Ken Lazarra
STREET ADDRESS 915 Shangri-La Dr
CITY-ST-ZIP Seffner, FL 33584 ☐ Change ☒ Addition

TITLE S
NAME BAY, RITA
STREET ADDRESS 803 CHESS PLACE
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

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

1-7-00

Date

813 681-4498

Daytime Phone #