

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90162 032 ****61.25

DOCUMENT # F96000006674

1. Entity Name

SHEPPARD FOUNDATION, A CORPORATION

Principal Place of Business

Mailing Address

5580 PETERSON LANE, SUITE 250. LB 10
 DALLAS TX 75240

5580 PETERSON LANE, SUITE 250. LB 10
 DALLAS TX 75240-5167

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

75-2679645

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, STANLEY A DR
2801 CLINE ST
TALLAHASSEE FL 32313

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 Delete
 NAME **CP**
 SHEPPARD, STANLEY A DR
 STREET ADDRESS **2801 CLINE ST**
 CITY-ST-ZIP **TALLAHASSEE FL 32313**

TITLE Change Addition

TITLE Delete
 NAME **STD**
 SHEPPARD, MARCIA
 STREET ADDRESS **2801 CLINE ST**
 CITY-ST-ZIP **TALLAHASSEE FL 32313**

TITLE Change Addition

TITLE Delete
 NAME **D**
 SHEPPARD, STANLEY A JR
 STREET ADDRESS **818 JAMESTOWN COURT**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition

TITLE Delete
 NAME **D**
 SHEPPARD, LEE L
 STREET ADDRESS **3360 SUMMIT DR**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE Change Addition
 NAME
 STREET ADDRESS **201 Marina Drive #608**
 CITY-ST-ZIP **Tuscaloosa AL 35406**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 4/24/00 (850) 878-1127
 Date Daytime Phone #

CR2E037 (9/99)