

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90097 022 ****61.25

DOCUMENT # F96000006674

1. Entity Name

SHEPPARD FOUNDATION, A CORPORATION

Principal Place of Business 5580 PETERSON LANE, SUITE 250, LB 10 DALLAS TX 75240	Mailing Address 5580 PETERSON LANE, SUITE 250, LB 10 DALLAS TX 75240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2679645**

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

**SHEPPARD, STANLEY A DR
2801 CLINE ST
TALLHASSEE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	CP SHEPPARD, STANLEY A DR	2801 CLINE ST	TALLHASSEE FL 32313	<input type="checkbox"/>	<input type="checkbox"/>
	STD SHEPPARD, MARCIA	2801 CLINE ST	TALLHASSEE FL 32313	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D SHEPPARD, STANLEY A JR	818 JAMESTOWN COURT	TALLHASSEE FL 32303	<input type="checkbox"/>	<input type="checkbox"/>
	D SHEPPARD, LEE L	201 MARINA DRIVE #608	TUSCALOOSA AL 35406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **1/15/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)