

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-13-2001 90323 038 *****5.00
03-26-2001 90159 011 *****56.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004161

1. Entity Name

THE DANIEL AND MARY LOU SHEPARD EDUCATIONAL FOUN

Principal Place of Business

2200 N. FEDERAL HWY.
SUITE 202
BOCA RATON FL 33431

Mailing Address

2200 N. FEDERAL HWY.
SUITE 202
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0514249

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

Name

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

City

FL

Zip Code

**SICILIANO, THOMAS V
980 NORTH FEDERAL HWY.
SUITE 440
BOCA RATON FL 33432**

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

TITLE NAME Delete
DP LEWIS, MICHAEL J
STREET ADDRESS **708 WEST 7TH ST.**
CITY-ST-ZIP **SILVER CITY NM**

TITLE NAME Delete
VD LEWIS, LYNN D
STREET ADDRESS **708 WEST 7TH ST.**
CITY-ST-ZIP **SILVER CITY NM**

TITLE NAME Delete
STD BODEN, JOHN
STREET ADDRESS **2200 N. FEDERAL HWY., STE. 202**
CITY-ST-ZIP **BOCA RATON FL**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME Change Addition
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:

John Boden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

368-2477

Date

Daytime Phone #

CR2E037 (10/00)