

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004690

1. Entity Name

SHERWOOD II, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90006 042 ****61.25

Principal Place of Business

10621 AIRPORT ROAD
STE 1
NAPLES FL 34109
US

Mailing Address

5800 STRAND BLVD
NAPELS FL 34110
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2338 Tamokabee Rd.
PMB # 109

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34110 USA

4. FEI Number

65-0695128

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

SIESKY, JAMES H
1000 TAMAMI TRAIL NORTH
SUITE 201
NAPLES FL 34102

Name

GPMI

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

11314 Sunray Drive

City

Bonita Springs

FL

Zip Code

34135

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

Marion E. Gallant

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/21/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D GODE, LARRY 5475 SHIRLEY ST. #2 NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, ROBERT S 10621 AIRPORT ROAD STE 1 NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, JANET 4500 EXECUTIVE DR STE 1 NAPLES FL 34119	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	D LARRY Henry 270 Robivhood Ce #102 NAPLES, FL 34104	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Meisner 290 Robivhood Ce #201 Naples, FL 34104	☐ 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 reports 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 and Typed or Printed Name of Signing Officer or Director

7/20/00

Date

Daytime Phone #

CR2E037 (5/00)