

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082035

1. Entity Name

SERENITY ISLAND GROUP, INC.

Principal Place of Business

940 CHALMER DR.
MARCO ISLAND FL 34145

Mailing Address

940 CHALMER DR.
MARCO ISLAND FL 34145-2536

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

59-3532735

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

*** MR. A.D. WATSON
DIED IN NOV '99**
WATSON, A. D.
940 CHALMER DR.
MARCO ISLAND FL 34145

Name
HENDERSON, DONALD W.
Street Address (P.O. Box Number is Not Acceptable)
940 CHALMER DRIVE
City
MARCO ISLAND FL Zip Code
34145

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 **DONALD W. HENDERSON, P/O** *Donald W. Henderson* **13 JAN 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HENDERSON, DONALD W**
CITY-ST-ZIP **1167 BLUE HILL CREEK DR.
MARCO ISLAND FL 34145**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROATH, J. R.**
CITY-ST-ZIP **5000 PARRETTA LANE 1155 BLUE HILL CREEK DR.
KANSAS CITY MO 64120 MARCO ISLAND, FL 34145**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **WATSON, A. D.**
CITY-ST-ZIP **940 CHALMER DR.
MARCO ISLAND FL 34145**

TITLE ☐ Change ☒ Addition
NAME **WHITNEY, HARRIS**
STREET ADDRESS **1890**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GRADO, JOHN**
CITY-ST-ZIP **1137 BLUE HILL CREEK DRIVE
MARCO ISLAND, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald W. Henderson* **DONALD W. HENDERSON** **13 JAN 2000** **(741) 389-5305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)