

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064091

1. Entity Name

SHANNON DEVELOPMENT COMPANY, INC.

Principal Place of Business

1262 3RD ST., S., STE. F  
NAPLES FL 34102

Mailing Address

1262 3RD ST., S., STE. F  
NAPLES FL 34102-6214

2. Principal Place of Business

1150 CENTRAL AVE.

Suite, Apt. #, etc.

3. Mailing Address

1150 CENTRAL AVE.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34102

Country

Zip

34102

Country

4. FEI Number

65-0784474

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN G  
4001 TAMiami TrL., N., STE. 300  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

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

TITLE D  
NAME MURPHY, JAMES T  
STREET ADDRESS 1262 3RD ST., S., STE. F  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE PVST  
NAME MURPHY, JAMES T  
STREET ADDRESS 1262 3RD ST., S., STE. F  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D MURPHY, James T. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1150 CENTRAL AVE  
CITY-ST-ZIP NAPLES, FL 34102

TITLE PUST  
NAME MURPHY, James T.  
STREET ADDRESS 1150 CENTRAL AVE.  
CITY-ST-ZIP NAPLES, FL 34102 ☒ 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 ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90139 040 \*\*\*158.75

608861



DO NOT WRITE IN THIS SPACE