

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003088

1. Entity Name

SHEPHERD OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3838 S. FLORIDA AVE.
LAKELAND FL 33813

3838 S. FLORIDA AVE.
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

4110 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2 Suite 200

City & State
LAKELAND FL

City & State
Same

Zip
33813

Country
USA

Zip

Country

4. FEI Number

65-0968836

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

ADAMS, ROBERT J
3838 S. FLORIDA AVE.
LAKELAND FL 33813

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

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
DP
MILLER, JERRY D
3900 S. FLA. AVE
LAKELAND FL 33813

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
ADAMS, D. JOEL
3838 S. FLORIDA AVE.
LAKELAND FL 33813

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ADAMS, ROBERT J
3838 S. FLORIDA AVE.
LAKELAND FL 33813

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE REQUIRED

1-12-01

(863) 619-7103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0065919

CR2E037 (10/00)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90042 030 ****61.25

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DO NOT WRITE IN THIS SPACE