

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90232 032 ***150.00

DOCUMENT # 418462

1. Entity Name
SHANGRI-LA BY THE LAKE, INC.



Principal Place of Business
**1403 W AVE A
BELLE GLADE FL 33430**

Mailing Address
**1403 W AVE A
BELLE GLADE FL 33430**

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 **59-1479648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOOKS, RUDOLPH SR
1403 W AVE A
1500 W CANAL STREET
BELLE GLADE FL 33430**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	VD HOOKS, RUDOLPH, SR	☐ Delete
STREET ADDRESS	1500 W CANAL ST	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE NAME	PD GOLDEN W E	☒ Delete
STREET ADDRESS	229 W MAIN	
CITY-ST-ZIP	PAHOKEE FL	
TITLE NAME	STD BARTON, LISA A	☐ Delete
STREET ADDRESS	533 1/2 S.E. AVENUE E.	
CITY-ST-ZIP	BELLE GLADE 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 11

TITLE NAME	PD Hooks, Rudolph, Sr.	☒ Change ☐ Addition
STREET ADDRESS	1500 W Canal St.S.	
CITY-ST-ZIP	Belle Glade, Fl. 33430	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	STD Barton, Lisa A	☒ Change ☐ Addition
STREET ADDRESS	1403 W Ave. A	
CITY-ST-ZIP	Belle Glade, Fl. 33430	
TITLE NAME	V Vickery, Shirley	☐ Change ☒ Addition
STREET ADDRESS	681 S.E. 7th Drive	
CITY-ST-ZIP	Belle Glade, Fl. 33430	
TITLE NAME	V Lewis, Doris A	☐ Change ☒ Addition
STREET ADDRESS	1403 W. Ave. A	
CITY-ST-ZIP	Belle Glade, Fl. 33430	
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 607, 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

Lisa A Barton **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

561-996-7491

Daytime Phone #

CR2E034 (10/02)