

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 628593

1. Entity Name

THE SHIRCLIFF GROUP, INC.

FILED

00 JAN 31 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD.
#2529
JACKSONVILLE FL 32207
US

1301 RIVERPLACE BLVD.
#2529
JACKSONVILLE FL 32207-9031
US

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 **59-1917146**

Applied For

Not Applied For

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

FRANKLIN, JOHN H.
1301 RIVERPLACE BLVD
STE #2529
JACKSONVILLE FL 32207

Name
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000

City **Miami**

FL

Zip Code **33131**

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, type, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Arnold W. Wallis

Vice President

1-28-00

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 | CD | <input checked="" type="checkbox"/> Delete |
| NAME | SHIRCLIFF, ROBERT T | |
| STREET ADDRESS | 1301 RIVERPLACE BLVD., #2529 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | FRANKLIN, JOHN H. | |
| STREET ADDRESS | 1301 RIVERPLACE BLVD., #2529 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---|
| TITLE | D, PS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| NAME | John H. Franklin | |
| STREET ADDRESS | 1301 Riverside Blvd. #2529 | |
| CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| NAME | Linda Franklin | |
| STREET ADDRESS | 1301 Riverside Blvd. #2529 | |
| CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | D, T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| NAME | Laura Franklin | |
| STREET ADDRESS | 1301-Riverside Blvd. #2529 | |
| CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

300003128573-4
-02/08/00--01136--023
******150.00 ****150.00**

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:

John H. Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #