2000 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2000 8:00 am Secretary of State DOCUMENT # **713950** 1. Entity Name SHULL MANOR APARTMENTS, INC. 02-10-2000 90041 011 ****61.25 Principal Place of Business Mailing Address 713 E LINIVERSITY BLVD 713 E UNIVERSITY BLVD MELBOURNE FL 32901-7150 MELBOURNE FL 32901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1233233 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WELLS, W.O. 213 STONE ST. **COCOA FL 32922** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution Make Check Payable to \$5.00 May Be FILE NOW: Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS'AND DIRECTORS 10. 11. **VPC** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SHAW, AMIE STREET ADDRESS STREET ADDRESS 200 S. BANANA RIVER BLVD CITY-ST-ZIP CITY-ST-78P COCOA BCH. FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DEMPSEY, MARY NAME STREET ADDRESS STREET ADDRESS 843 ALVONDALE CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL Addition Change TITLE Delete TITLE HOOKS, NATHANIEL S NAME NAME STREET ADDRESS STREET ADDRESS 723 CARISSA AVE CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 ☐ Addition Change TITLE TITLE □ Delete NAME WELLS, W. O. NAME STREET ADDRESS STREET ADDRESS 213 STONE STREET CITY-ST-ZIP CITY-ST-ZIP **COCOA FL** ☐ Addition ☐ Change ☐ Delete TITLE FORD, MATTHEW NAME STREET ADDRESS STREET ADDRESS 709 HUGHLETTE AVE. CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PENNINGTAN, CLEVE STREET ADDRESS STREET ADDRESS 1934 OTTERBEIN AVE CITY-ST-ZIP COCOA FL 32922

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/31 /00

321-636-7140