

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768678

1. Entity Name

SHCC SERVICES, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90066 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

602 COURTLAND ST.  
STE. 200  
ORLANDO FL 32804  
US

602 COURTLAND ST.  
STE 200  
ORLANDO FL 32804-1340  
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

59-2291046

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

STEWART, J. DARIN  
111 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789

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 PD ☒ Delete  
NAME CHOBAN, GLENWOOD T.  
STREET ADDRESS 500 WINDERLEY PL 115  
CITY-ST-ZIP MAITLAND, FL.

TITLE PD ☐ Change ☒ Addition  
NAME Camp, Vann D.  
STREET ADDRESS 602 Courtland St, Suite 200  
CITY-ST-ZIP Orlando, FL 32804

TITLE ASD ☐ Delete  
NAME LIWAG, MELCHOR R.  
STREET ADDRESS 500 WINDERLEY PLACE #115  
CITY-ST-ZIP MAITLAND, FL.

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

TITLE D ☒ Delete  
NAME WIESE, CALVIN  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ Change ☒ Addition  
NAME Shaw, Terry D  
STREET ADDRESS 111 N. Orlando Ave  
CITY-ST-ZIP Winter Park, FL 32789

TITLE STD ☐ Delete  
NAME CENTER, RICHARD  
STREET ADDRESS 3978 MEMORIAL DR  
CITY-ST-ZIP DECATUR GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 30032

TITLE AS ☐ Delete  
NAME BLOCK, L. MARK  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☒ Change ☒ Addition  
NAME Werner, Thomas L  
STREET ADDRESS 111 N. Orlando Ave  
CITY-ST-ZIP Winter Park, FL 32789

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:

*Stewart J. Darin* Vann D. Camp

4/26/00

407-975-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)