

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811627

1. Entity Name

THE SHORELAND, INC.

Principal Place of Business

1203 HILLSBORO MILE
HILLSBORO BEACH FL 33062
US

Mailing Address

1203 HILLSBORO MILE
HILLSBORO BEACH FL 33062
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

59-0783981

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

KOUKOULIS, ANGELO
1203 HILLSBORO MILE
C/O SHORELAND
HILLSBORO BEACH FL 33062

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 D
NAME BLOCK, JOHN
STREET ADDRESS 1202 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL ☐ Delete

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

TITLE VD
NAME CIRILLO, GEORGE
STREET ADDRESS 1203 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL ☐ Delete

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

TITLE PD
NAME KOUKOULIS, ANGELO
STREET ADDRESS 1203 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL ☐ Delete

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

TITLE S
NAME MARVAY, MARION
STREET ADDRESS 1203 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL ☐ Delete

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

TITLE T
NAME STEWART, GEORGE
STREET ADDRESS 1203 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 671, 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** 1/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90333 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)