

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90071 025 ****61.25

DOCUMENT # F99000000275

1. Entity Name

SHORESH/USA, INC.

Principal Place of Business

Mailing Address

8421 BAYMEADOWS WAY
SUITE 4
JACKSONVILLE FL 32256

PO BOX 551593
JACKSONVILLE FL 32255-1593

2. Principal Place of Business

3. Mailing Address

8421 Baymeadows Way
Suite, Apt. #, etc.
3

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

City & State

Zip Country
32256 Duval

Zip

Country

4. FEI Number

54-1198162

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

LEBHAR, MARCIA P
8421 BAY MEADOWS WAY
SUITE 4
JACKSONVILLE FL 32256

Name

Jody L. Hyler

Street Address (P.O. Box Number is Not Acceptable)

8421 Baymeadows Way 3

City

Jacksonville

FL

Zip Code

32256

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

1-22-02

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. DISQUALIFIED OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUGG, WILLIAM A JR	
STREET ADDRESS	471 W. WESLEY RD NW	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	<input type="checkbox"/> Delete	
NAME	LEBHAR, MARCIA P	
STREET ADDRESS	3031 SECRET WOODS TRAIL W.	
CITY-ST-ZIP	JACKSONVILLE FL 32216-7165	
TITLE	<input checked="" type="checkbox"/> Delete	
NAME	HASTINGS, G. RICHARD MR	
STREET ADDRESS	8412 HAWTHORNE PLACE	
CITY-ST-ZIP	RAYTOWN MO 64138	
TITLE	<input type="checkbox"/> Delete	
NAME	CAIRNS, DOUGLAS	
STREET ADDRESS	2117 SAGEWOOD DR	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	<input type="checkbox"/> Delete	
NAME	REYNOLDS, RICHARD B	
STREET ADDRESS	235 HAMPSTEAD CT	
CITY-ST-ZIP	DULUTH GA 30155	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Blackburn	
STREET ADDRESS	1295 Little Harbour Lane	
CITY-ST-ZIP	Verio Beach FL 33414	
TITLE	Director of Natl. Ministries	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl McLeod	
STREET ADDRESS	4821 Sunderland Road	
CITY-ST-ZIP	Jacksonville FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil Lehar	
STREET ADDRESS	3031 Secret Woods Drive	
CITY-ST-ZIP	Jacksonville FL 32216	

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 OR DIRECTOR

1-22-02

Date Daytime Phone #

CR2E037 (9/01)