

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2003 8:00 am
Secretary of State

08-19-2003 90020 012 ****70.00

DOCUMENT # F99000000275

1. Entity Name
SHORESH/USA, INC.



Principal Place of Business
8421 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

Mailing Address
PO BOX 551593
JACKSONVILLE FL 32255-1593



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4821 Sunderland Rd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 551593
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32210
Country
USA

City & State
JACKSONVILLE, FL 32255-1593
Zip
32255-1593
Country
USA

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

HYSTER, JODY L
8421 BAY MEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
Cheryl Gonzales
Street Address (P.O. Box Number is Not Acceptable)
4821 Sunderland Rd
Jacksonville,
City
FL **Zip Code**
32210

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cheryl Gonzales* **Cheryl Gonzales - Director**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8-13-03
DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ **Delete**
NAME **BUGG, WILLIAM A JR**
STREET ADDRESS **1295 LITTLE HARBOUR LANE**
CITY-ST-ZIP **VERNO BEACH FL 32964**

TITLE **D** ☐ **Delete**
NAME **MCLEOD, CHERYL** **name change**
STREET ADDRESS **4821 SUNDERLAND ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **S** ☒ **Delete** **7**
NAME **CAIRNS, DOUGLAS** **Title change**
STREET ADDRESS **2117 SAGEWOOD DR**
CITY-ST-ZIP **MONTGOMERY AL 36117**

TITLE **T** ☒ **Delete**
NAME **REYNOLDS, RICHARD B**
STREET ADDRESS **235 HAMPSTEAD CT**
CITY-ST-ZIP **DULUTH GA 30155**

TITLE **VC** ☒ **Delete**
NAME **LEICHAH, NEIL**
STREET ADDRESS **3031 SECRET HOODS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairman** ☒ **Change** ☐ **Addition**
NAME **Doug Cairns**
STREET ADDRESS **2117 SAGEWOOD DR.**
CITY-ST-ZIP **MONTGOMERY, AL 36117**

TITLE **Vice Chair** ☐ **Change** ☒ **Addition**
NAME **Sheron Willson**
STREET ADDRESS **3893 ARDEN ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **Secretary** ☐ **Change** ☒ **Addition**
NAME **Lydia Bullock**
STREET ADDRESS **2510 HICKORY BLUFF LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **Director** ☒ **Change** ☐ **Addition**
NAME **Cheryl Gonzales**
STREET ADDRESS **4821 SUNDERLAND Rd**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **Vice Chair** ☐ **Change** ☒ **Addition**
NAME **John Rodgers**
STREET ADDRESS **921 Melrose Avenue**
CITY-ST-ZIP **Ambridge, PA 15003**

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

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 *Cheryl Gonzales* **Cheryl Gonzales - Director** **8/13/03** **(904) 646-1609**

CR2E037 (4/03)