

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G65647

1. Entity Name

SHAMROCK SERVICES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90150 040 ***150.00

Principal Place of Business

3159 SHAMROCK DRIVE SOUTH
P.O. BOX 13117
TALLAHASSEE FL 32317-0117

Mailing Address

3159 SHAMROCK DR. S.
P.O. BOX 12129
TALLAHASSEE FL 32317-2129

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

59-2334480

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

GRADY, JEFFREY W
3159 SHAMROCK SOUTH
TALLAHASSEE FL 32308

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	☒ Delete
NAME	BAKER, GREGORY E	
STREET ADDRESS	61 CORDOVA ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	ST	☒ Delete
NAME	GREGORY, GARY M	
STREET ADDRESS	770 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	P	☐ Delete
NAME	GRADY, JEFFREY W	
STREET ADDRESS	3159 SHAMROCK S	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	☒ Delete
NAME	JOHNSON, SCOTT J	
STREET ADDRESS	3159 SHAMROCK SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	☒ Delete
NAME	DEJONG, DIRK	
STREET ADDRESS	1314 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	Hall, Barbara	
STREET ADDRESS	605 N.E. First St.	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	ST	☐ Change ☒ Addition
NAME	Pate, Linda	
STREET ADDRESS	3159 Shamrock South	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Rogers, Sam (Jr.)	
STREET ADDRESS	1117 Thomasville Road	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	☐ Change ☒ Addition
NAME	Rosier, Bob	
STREET ADDRESS	9200 Bonita Beach Rd., SE, Suite 203	
CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	D	☐ Change ☒ Addition
NAME	Skiles, Jim	
STREET ADDRESS	605 N.E. First St.	
CITY-ST-ZIP	Gainesville, FL 32601	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey W. Grady

Date

850.893.4155

Daytime Phone #

CR2E034 (9/99)