

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008557

1. Entity Name  
FORT SHELBY PARTNERS LLC

FILED

01 JUN 11 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O VINCENT GREGG SHY  
847 TANBARK DRIVE #104  
NAPLES FL 34108

Mailing Address  
C/O VINCENT GREGG SHY  
847 TANBARK DRIVE #104  
NAPLES FL 34108

2. Principal Place of Business  
871 C MEADOWLAND DALE

3. Mailing Address  
871 C MEADOWLAND DALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NAPLES FLORIDA

City & State  
NAPLES FLORIDA

4. FEI Number  
59-3659064

Applied For  
Not Applicable

Zip  
34108

Country  
USA

Zip  
34108

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGG SHY, VINCENT  
C/O VINCENT GREGG SHY  
847 TANBARK DRIVE #104  
NAPLES FL 34108

Name  
VINCENT GREGG SHY  
Street Address (P.O. Box Number is Not Acceptable)  
871 C MEADOWLAND DRIVE  
City  
NAPLES FL Zip Code  
34108

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  VINCENT G. SHY 5/1/01  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GREGG SHY, VINCENT  
847 TANBARK DRIVE, #104  
NAPLES FL 34108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MRG  
VINCENT GREGG SHY  
871 C MEADOWLAND DRIVE  
NAPLES FLORIDA 34108 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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  
500004423895  
-06/19/01--01067-014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  VINCENT G. SHY 5/1/01 941-592-0779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)