

2000 UNIFORM BUSINESS REPORT (UBR)

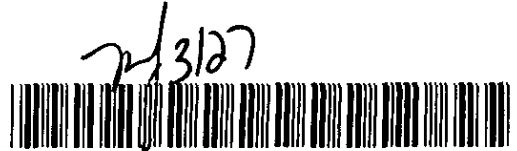
DOCUMENT # L93000000437

1. Entity Name

SHELTER HARBOR REALTY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:39



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% STEPHEN H REYNOLDS ESQ
111 MADISON ST. 23RD FLOOR
TAMPA FL 33602

Mailing Address

% STEPHEN H REYNOLDS ESQ
111 MADISON ST. 23RD FLOOR
TAMPA FL 33602-4719

2. Principal Place of Business

400 N. Tampa Street
Suite, Apt. #, etc.
2300

3. Mailing Address

400 N. Tampa Street
Suite, Apt. #, etc.
2300

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number 22-3272470

Applied For
Not Applicable

Zip
33602

Country
USA

Zip
33602

Country
USA

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

6. Name and Address of Current Registered Agent

REYNOLDS, STEPHEN H ESQ
400 N. TAMPA ST., SUITE 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
STREET ADDRESS CASPERSEN, FINN M W
CITY- ST- ZIP 268 MAIN ST
GLADSTONE NJ 07934

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
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CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
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TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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 partnership or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Finn M W Caspersen

3-10-00

908-719-7998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)