

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M41430

1. Entity Name

SHAMROCK CHARTER SERVICES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90046 016 ***150.00

Principal Place of Business

Mailing Address

3101 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

3101 NORTH STATE ROAD 7
HOLLYWOOD FL 33021-2102

2. Principal Place of Business

8655 Pines Blvd

3. Mailing Address

8655 Pines Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

59-2742376

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

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

SINGER, BERNARD A.
4925-A SHERIDAN ST
HOLLYWOOD FL 33021

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 ☐ Delete
NAME PD
STREET ADDRESS CARROLL, JAMES S.
CITY-ST-ZIP 3101 N. STATE RD. 7
HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8655 Pines Boulevard
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Delete
NAME EVD
STREET ADDRESS KERR, RALPH S.
CITY-ST-ZIP 6407 BARFIELD RD.
SANDY SPRINGS GA 30328

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS GILES, JANET
CITY-ST-ZIP 3101 N. STATE RD. 7
HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8655 Pines Boulevard
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Carroll 2/25/00

Date

Daytime Phone #

954-443-7000

CR2F034 (9/99)