

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000711

1. Entity Name

SHEARD & DAVEY ADVISORS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:41

Principal Place of Business

24 MCNISH ROAD  
SOUTHERN PINES NC 28387

Mailing Address

24 MCNISH ROAD  
SOUTHERN PINES NC 28387-2154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4285119

Applied For

Not Applicable

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

DAVEY, DONALD V  
3815 FENWICK ISLAND DRIVE  
JACKSONVILLE FL 32224

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

10. ADDITIONS/CHANGES

TITLE MEM ☐ Delete  
NAME SHEARD, ROBERT F  
STREET ADDRESS 24 MCNISH ROAD  
CITY-ST-ZIP SOUTHERN PINES NC 28387

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

TITLE MEM ☐ Delete  
NAME DAVEY, DONALD V  
STREET ADDRESS 3815 FENWICK ISLAND DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Signature Required*

2/18/00

(910) 692-4835

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

Date

Daytime Phone #

CR2E083 (9/99)