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2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Feb 05, 2001 8:00 am ⁵ Secretary of State DOCUMENT # N0000003469 1. Entity Name SHEPHARD'S COVE HOMEOWNERS ASSOCIATION, INC. 02-05-2001 90022 016 ****61.25 Mailing Address Principal Place of Business 325 SOUTH BLVD. 325 SOUTH BLVD. TAMPA FL 33606 TAMPA FL 33606 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOLLOY, DANIEL L 325 SOUTH BLVD. **TAMPA FL 33606** Zip Code City 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) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MIOT, SANFORD B NAME NAME STREET ADDRESS STREET ADDRESS ONE SE 3RD AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition Change TITLE ☐ Delete TITLE NAME MURPHEY, BENTON NAME STREET ADDRESS STREET ADDRESS 3004 RHETT CT. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Change ☐ Addition TITLE □ Delete HANNAH, CHARLIE NAME NAME STREET ADDRESS STREET ADDRESS 19001 SUNLAKE BLVD CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Change ☐ Addition Delete TITLE TITLE 1. 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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