2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N02186** May 10, 2000 8:00 am Secretary of State 1. Entity Name SHORES NEIGHBORHOOD WATCH, INC. 05-10-2000 90121 015 ****61.25 Principal Place of Business Mailing Address 9200 BONITA BEACH RD 9200 BONITA BEACH RD BONITA SPRINGS FL 34135-4278 **BONITA SPRINGS FL 34135** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0026775 Not Applicable Country Country \$8.75 Additional 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) John D. Spear 9200 BONITA BEACH RD, SUITE 204 PO BOX 2207 City Zip Code **BONITA SPRINGS FL 34135** 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. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TITLE ☐ Addition TITLE ☐ Delete WALL DOUBL 95 NAME WALL, DOUGLAS NAME 195 6TH ST STREET ADDRESS 73 7TH ST STREET ADDRESS BONITA SPRINGS 34134 CITY-ST-ZIP CITY-ST-7IP BONITA SPRINGS FL 31434 Change ☐ Addition ☐ Delete TITLE TITLE almeida, William NAME NAME STREET ADDRESS 119 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONITÀ SPRINGS FL ☐ Delete Change ☐ Addition TITLE MCPHERSON, MICHAEL NAME NAME STREET ADDRESS 85 3RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 Change ☐ Addition TITLE Delete TITLE NAME PALYA, WILLIAM NAME STREET ADDRESS STREET ADDRESS 91 7TH ST CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME KALISIK, RANDY NAME STREET ADDRESS STREET ADDRESS 508 W VALLEY DR CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☐ Addition TITLE ☐ Delete *-TITLE WHEELER, WHEELER, PAT NAME NAME STREET ADDRESS 190 190 5TH ST STREET ADDRESS SPRIK 65 34/34 FL CITY-ST-7IP CITY-ST-ZIP **BONITA SPRINGS FL 34134** 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destrict Phone #