

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29915

1. Entity Name

SHEY CHARITABLE FOUNDATION, INC.

Principal Place of Business

6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607
US

Mailing Address

C/O STEPHEN SHEY
PO BOX 14424
GAINESVILLE FL 32604
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2941793

Applied For

Not Applicable

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

SHEY, STEPHEN
6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEY, CAROL A. 6110 NW 1ST PLACE - SUITE A GAINESVILLE FL 32607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENWALD, DANIEL 4503 NW 103 AVE. SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOSS, WILLIAM F. 6110 NW 1ST PLACE - SUITE A GAINESVILLE FL 32607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEY, STEPHEN 6110 NW 1ST PLACE-SUITE A GAINESVILLE FL 32607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEY, LISA R 6110 NW 1ST PLACE - SUITE A GAINESVILLE FL 32607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEY, SUSAN I. 6110 NW 1ST PLACE - SUITE A GAINESVILLE FL 32607	☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90059 037 ****61.25

807404



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)