

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43533

1. Entity Name

SHADY ROAD VILLAS HOMEOWNERS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90120 035 ****61.25

Principal Place of Business Mailing Address
9100 SW 27TH AVE LOT A-34
OCALA FL 34476 US
9100 SW 27TH AVE
D-27
OCALA FL 34476-7630
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3067976

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

DISBROW, ROBERT
9100 SW 27TH AVE
LOT C-18
OCALA FL 34476

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

TITLE PD
NAME WAITS, OSCAR
STREET ADDRESS 9100 SW 27TH AVE #A-34
CITY-ST-ZIP Ocala FL 34476 ☐ Delete

TITLE VPD
NAME BENSON, WILLIAM
STREET ADDRESS 9100 SW 27TH AVE #A-13
CITY-ST-ZIP Ocala FL 34476 ☐ Delete

TITLE TD
NAME DISBROW, ROBERT
STREET ADDRESS 9100 SW 27 AVE., C-18
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE S
NAME CRAIG, JOHN M
STREET ADDRESS 9100 SW 27 AV B19
CITY-ST-ZIP Ocala FL 34476 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME DOLORES WEISS
STREET ADDRESS 9100 SW 27 AV A16
CITY-ST-ZIP Ocala FL 34476 ☒ Change ☐ Addition

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

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: Robert F. Disbrow 1/19/00 352-237-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #