

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43533

1. Entity Name

SHADY ROAD VILLAS HOMEOWNERS, INC.

FILED

Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90052 033 \*\*\*\*61.25

Principal Place of Business

9100 SW 27TH AVE.  
LOT A-34  
OCALA FL 34476  
US

Mailing Address

9100 SW 27TH AVE  
D-27  
OCALA FL 34476  
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

59-3067976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Lorraine McCarthy

Street Address (P.O. Box Number is Not Acceptable)

9100 SW 27th Ave

Lot A-18

City

Ocala FL

FL

Zip Code

34476

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

*Lorraine McCarthy*

3-19-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WAITS, OSCAR 9100 SW 27TH AVE #A-34 OCALA FL 34476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENSON, WILLIAM 9100 SW 27TH AVE #A-13 OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DISBROW, ROBERT 9100 SW 27 AVE., C-18 OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEISS, DOLORES 9100 SW 27 AVE A16 OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Betty Dingee 9100 SW 27th Ave # OCALA FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORRAINE MCCARTHY 9100 SW 27th Ave #A-18 OCALA FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAT ROBINSON 9100 SW 27th Ave # OCALA FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Lorraine McCarthy*

Date

3-19-01

Daytime Phone #

352-237-1741

CR2E037 (10/00)