

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47142

1. Entity Name

SHADY HAVEN ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90063 005 ****61.25

Principal Place of Business

Mailing Address

150 OLD ENGLEWOOD RD
#90
ENGLEWOOD FL 34223
US

333 SOUTH TAMiami TR
SUITE 199
VENICE FL 34285-2426
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0394069

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

KORP, WILLIAM R.
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285

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 PD ☐ Delete
NAME BATTISTA, RICHARD
STREET ADDRESS 150 OLD ENGLEWOOD RD
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE VPD ☐ Delete
NAME BARRIER, GEORGE
STREET ADDRESS 150 OLD WNGLEWOOD RD
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE SD ☐ Delete
NAME BATTISTA, MARGUERITE A
STREET ADDRESS 150 OLD ENGLEWOOD ROAD
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE D ☐ Delete
NAME PACK, VIRGIL
STREET ADDRESS 150 OLD ENGLEWOOD ROAD
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE D ☐ Delete
NAME SCHLOSSER, BEVERLY
STREET ADDRESS 150 OLD ENGLEWOOD ROAD
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE TD ☐ Delete
NAME WILKINSON, ARTHUR
STREET ADDRESS 150 OLD ENGLEWOOD ROAD
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony Wilkerson 2/18/00 941-475-0527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)