

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90022 048 ****61.25

DOCUMENT # N47142

1. Entity Name

SHADY HAVEN ASSOCIATION, INC.

Principal Place of Business

**150 OLD ENGLEWOOD RD
 #90
 ENGLEWOOD FL 34223
 US**

Mailing Address

**333 SOUTH TAMiami TR
 SUITE 199
 VENICE FL 34285
 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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BATTISTA, RICHARD 150 OLD ENGLEWOOD RD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRIER, GEORGE 150 OLD WNGLEWOOD RD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATTISTA, MARGUERITE A 150 OLD ENGLEWOOD ROAD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACK, VIRGIL ~ 150 OLD ENGLEWOOD ROAD ENGLEWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOSSER, BEVERLY 150 OLD ENGLEWOOD ROAD ENGLEWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKINSON, ARTHUR 150 OLD ENGLEWOOD ROAD ENGLEWOOD FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. BATTISTA RICHARD 150 OLD ENGLEWOOD RD ENGLEWOOD FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERRIER GEORGE 150 OLD ENGLEWOOD RD ENGLEWOOD FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATTISTA MARGUERITE A 150 OLD ENGLEWOOD RD ENGLEWOOD FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON ARTHUR 150 OLD ENGLEWOOD RD ENGLEWOOD FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TICKLE STANLEY 150 OLD ENGLEWOOD RD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOSSER BEVERLY 150 OLD ENGLEWOOD RD ENGLEWOOD FL 34223	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE OF STANLEY T. TICKLE

6th APRIL 2001

941-460-9402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)