

2000 UNIFORM BUSINESS REPORT (UBR)

7/11

FILED

Aug 08, 2000 8:00 am
Secretary of State

07-17-2000 90081 003 ****61.25

DOCUMENT # N95000003852

1. Entity Name

SHERWOOD I, INC.

f

Principal Place of Business

10621 AIRPORT ROAD
SUITE 1
NAPLES FL 34109
US

Mailing Address

11314 SUNRAY DR
BONITA SPRINGS FL 34135
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3335192

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRUGGER, CAROL R
600 5TH AVE S
SUITE 207
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

GPMI Marion Gallant

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

11314 Sunray Drive

City

Bonita Springs

FL

Zip Code

34135

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

Marion E. Gallant

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D	NAME	GODE, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS			8475 SHIRLEY STREET, #2	
CITY-ST-ZIP			NAPLES FL 34109	
TITLE	D	NAME	HARDY, ROBERT S	<input type="checkbox"/> Delete
STREET ADDRESS			10621 AIRPORT RD STE. 1,	
CITY-ST-ZIP			NAPLES FL	
TITLE	D	NAME	KELLEY, JANET	<input type="checkbox"/> Delete
STREET ADDRESS			4500 EXECUTIVE DR, STE 1	
CITY-ST-ZIP			NAPLES FL 34119	
TITLE	<input checked="" type="checkbox"/>	NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input checked="" type="checkbox"/>	NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input type="checkbox"/>	NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input checked="" type="checkbox"/>	NAME	Debra Danno	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			257 Robin Hood Circle #104	
CITY-ST-ZIP			Naples, FL 34104	
TITLE	<input checked="" type="checkbox"/>	NAME	Thomas Calabrese	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			241 Robin Hood Circle #104	
CITY-ST-ZIP			Naples, FL 34104	
TITLE	<input type="checkbox"/>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

Daytime Phone #