

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90077 020 \*\*\*\*61.25

**DOCUMENT # N97000003814**

1. Entity Name

**HAPPY HEARTS THRIFT COMPLEX, INC.**

*Y*

Principal Place of Business

1888 A NORTH TAMiami TRAIL  
 NORTH FORT MYERS FL 33903

Mailing Address

1888 A NORTH TAMiami TRAIL  
 NORTH FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

*LEE*

Zip

Country

*LEE*

4. FEI Number

**65-0781101**

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

7. Name and Address of New Registered Agent

**SHEPPARD, RALPH L**  
**456 SANTA CRUZ DRIVE**  
**NORTH FORT MYERS FL 33903**

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD**  Delete  
 NAME: **GAGNER, MELINDA D**  
 STREET ADDRESS: **1875 SADLER ROAD**  
 CITY-ST-ZIP: **N FORT MYERS FL 33917**

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

TITLE: **D**  Delete  
 NAME: **JOLY, DEBRA L**  
 STREET ADDRESS: **1005 JOEL BLVD**  
 CITY-ST-ZIP: **LEHIGH ACRES FL 33972**

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

TITLE: **DT**  Delete  
 NAME: **SHEPPARD, RALPH L**  
 STREET ADDRESS: **456 SANTA CRUZ DRIVE**  
 CITY-ST-ZIP: **N FORT MYERS FL 33903**

TITLE: **P/T/D**  Change  Addition  
 NAME: **SHEPPARD, RALPH L**  
 STREET ADDRESS: **19621 #38 N. TAMiami TRAIL**  
 CITY-ST-ZIP: **N. FORT MYERS, FL, 33903**

TITLE: **D/S**  Delete  
 NAME: **SHEPPARD, RALPH L II**  
 STREET ADDRESS: **19621 N TAAMIAMI TRAIL #38**  
 CITY-ST-ZIP: **N FORT MYERS FL 33903**

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **D**  Change  Addition  
 NAME: **KIMBERLEY R. LIGHTNER**  
 STREET ADDRESS: **130 KAREN DRIVE**  
 CITY-ST-ZIP: **WASHINGTON, PA. 15301**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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:

*SHEPPARD*  
**SHEPPARD, RALPH L**

08-07-00

(941) 995-2414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)