

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90025 046 ****61.25

DOCUMENT # N97000003814

1. Entity Name

HAPPY HEARTS THRIFT COMPLEX, INC.

Principal Place of Business

Mailing Address

~~1888 A~~ **NORTH TAMiami TRAIL**
NORTH FORT MYERS FL 33903

1888 A NORTH TAMiami TRAIL
NORTH FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

19621 N. TAMiami TRAIL

19621 N. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#38

#38

City & State

City & State

NORTH FORT MYERS, FL.

NORTH FORT MYERS, FL.

Zip

Country

Zip

Country

33903

LEE

33903

LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0781101

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

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

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	PTD	<input type="checkbox"/> Delete
NAME	SHEPPARD, RALPH L	
STREET ADDRESS	19621 #38 N TAMiami TRAIL	
CITY-ST-ZIP	N FORT MYERS FL 33903	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	SHEPPARD, RALPH L II	
STREET ADDRESS	19621 N TAMiami TRAIL #38	
CITY-ST-ZIP	N FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIGHTNER, KIMBERLY	
STREET ADDRESS	130 KAREN DR	
CITY-ST-ZIP	WASHINGTON, PA. 15301	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICTORIA SHEPPARD	
STREET ADDRESS	456 SANTA CRUSE ST	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUISE ALEXANDER	
STREET ADDRESS	NC I HOBMAIL DRIVE	
CITY-ST-ZIP	N. FORT MYERS FL. 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SHEPPARD, VICTORIA.	
STREET ADDRESS	456 SANTA CRUSE ST.	
CITY-ST-ZIP	N. FORT MYERS, FL. 33903	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ALEXANDER, LOUISE	
STREET ADDRESS	01 HOBMAIL DRIVE	
CITY-ST-ZIP	N. FORT MYERS, FL. 33903.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, RALPH L

01-25-00 941-731-3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E087 (10/00)