

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90047 015 \*\*\*\*62.50

**DOCUMENT # N97000006551**

1. Entity Name

**SHANGRI LA MOBILE HOME TENANT ASSOCIATION, INC.**

Principal Place of Business

**1310 FLEMING AVE. LOT 88-D  
ORMOND BEACH FL 32174**

Mailing Address

**1310 FLEMING AV. A3  
ORMOND BEACH FL 32174**

**LU022687**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**GIBSON, WILLIAM  
1310 FLEMING C-59  
ORMOND BEACH FL 32174**

Name **Ronaldo A. Callier**

Street Address (P.O. Box Number is Not Acceptable)  
**1310 Fleming Av. C69**

City **Ormond Beach** FL Zip Code **32174**

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 *Ronaldo A. Callier* **Ronaldo A. Callier** **2-12-01**  
(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 **TD** ☒ Delete  
NAME **NUTTALL, IVY L**  
STREET ADDRESS **1310 FLEMING AV. LOT 83-D**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **Harold Hayes** ☒ Change ☐ Addition  
NAME **1310 Fleming Av. B33**  
STREET ADDRESS **Ormond Beach, FL. 32174**  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **YALE, NANCY**  
STREET ADDRESS **1310 FLEMING AV. LOT A-3**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **Angela Sawicki** ☒ Change ☐ Addition  
NAME **1310 Fleming Av. C74**  
STREET ADDRESS **Ormond Beach, FL. 32174**  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **GIBSON, WILLIAM**  
STREET ADDRESS **1310 FLEMING AV, LOT C-59**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **Ronaldo A. Callier** ☒ Change ☐ Addition  
NAME **1310 Fleming Av. C69**  
STREET ADDRESS **Ormond Beach, FL. 32174**  
CITY-ST-ZIP

TITLE **VD** ☒ Delete  
NAME **CALLIER, RONALDO**  
STREET ADDRESS **1310 FLEMING AV, LOT C-69**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **Stanley Leon** ☒ Change ☐ Addition  
NAME **1310 Fleming Av. C58**  
STREET ADDRESS **Ormond Beach, FL. 32174**  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **NUTTALL, IVY**  
STREET ADDRESS **1310 FLEMING AV. LOT A-6**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

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: *Angela Sawicki* **Angela Sawicki** **2-12-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)