

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004186

1. Entity Name

SHEPHERDS COURT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8240 PEACE AVENUE
BROOKSVILLE FL 34601

8240 PEACE AVENUE
BROOKSVILLE FL 34601

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

NOT APPLICABLE

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

DUNN, JOHN A
8240 PEACE AVENUE
BROOKSVILLE FL 34601

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 PD
NAME DUNN, JOHN A
STREET ADDRESS 8240 PEACE AVENUE
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE STD
NAME CRAIG A. DUNN
STREET ADDRESS 16681 Woodlawn Ave.
CITY-ST-ZIP Noblesville, IN. 46060 ☒ Change ☐ Addition

TITLE VPD
NAME BRANNON, DOYLE
STREET ADDRESS 22261 WOODLAWN AVENUE
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

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

TITLE STD
NAME TIPPEY, WAYNE
STREET ADDRESS 22239 WOODLAWN AVENUE
CITY-ST-ZIP BROOKSVILLE FL 34601 ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

John A. Dunn

3-12-02 317-326-8324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0064320

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90650 014 ****61.25



DO NOT WRITE IN THIS SPACE