

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024098

1. Entity Name

TORREY S CREST, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90101 009 \*\*\*150.00

Principal Place of Business

Mailing Address

365 OLD DIXIE HWY  
BOWLING GREEN FL 33834  
US

365 OLD DIXIE HWY  
BOWLING GREEN FL 33834  
US

2. Principal Place of Business

3. Mailing Address

365 Old Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0395243

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

SHEPARD, LEROY  
365 OLD DIXIE HWY  
BOWLING GREEN FL 33834

Name

Delilia M. Shepard

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

365 Old Dixie Hwy

City

Bowling Green

FL

Zip Code

33834

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

Delilia Shepard, Pres.

1/7/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete

NAME  
SHEPARD, LEROY  
STREET ADDRESS  
365 OLD DIXIE HWY  
CITY-ST-ZIP  
BOWLING GREEN FL

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
SHEPARD, DELILIA  
STREET ADDRESS  
365 OLD DIXIE HWY  
CITY-ST-ZIP  
BOWLING GREEN FL 33834

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME  
Thomas L. Shepard, Jr.  
STREET ADDRESS  
2342 cr 664  
CITY-ST-ZIP  
Bowling Green, FL 33834

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Delilia Shepard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000

Date

863 315-2797

Daytime Phone #

CR2F034 (9/99)