2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUSII	NESS REPOI	RT (UBR)	<u>}</u>		<i>,</i>	PPRQ\	(ED)	
DOCUMENT # P93000085717 1. Ertity Name SHELBY HOMES AT BEL AIRE, INC.						Î	AND)	
						00 MA	Y - 1 P	M 2: 17	N.
Principal Place of Business Mailing Address						SECR	etary o	F STATE	
2825 UNIVERSITY DR STE 300 CORAL SPRINGS FL 33065 US		2825 UNIVERSITY DR STE 300 CORAL SPRINGS FL 33065-1441 US			1881 1881 1881	TÄLLAI	HASSEE,	F STATE FLORIDA	Dis 18 8 1 1881
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS S	SPACE	
City & State		City & State		4. F	El Number	65-045480)6		plied For ot Applicable
Zip Country		Zip	Zip Country		Certificate of Sta	atus Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. N	ame and Add	ress of New	Registered A	Agent	
			Name		••	İ			
	on, eric a Suniversity dr		Street Add	ress (P.O. Bo	ox Number is N	lot Acceptabl	e)		
STE	300 AL SPRINGS FL 33065								
COR	AL SENINGS EL 33003	City					FL	Zip Code	9
8. The above	named entity submits this statement for the stat		egistered office or re			the State of F	orida. DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)					10. Election	Campaign Fi nd Contribution		\$5.0 Added	0 May Be I to Fees
11.	OFFICERS AND DI	RECTORS	12.	ADC	DITIONS/CHA	NGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHELLEY, ROBERT 2825 UNIVERSITY DR #300 CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		100	~~	260 7000 58.75	Change 1 = 1 - 10050 ****15	— —
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SIMON, ERIC A 2825 UNIVERSITY DR #300 CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERSON, JOSEPH 2825 UNIVERSITY DR #300 CORAL SPRINGS FL 33065	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				1		Addition
13. I hereby o	certify that the information supplied with the	nis filing does not qualify for t	he exemption stated	I in Section 1	19.07(3)(i), Flo	rida Statutes	I further cer	tify that the ir	nformation

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.

ENGA SIMON RED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: