

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086517

1. Entity Name

THE SHELBURNE FINANCIAL GROUP, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90031 016 ***150.00

Principal Place of Business

Mailing Address

11790 SW 89TH ST
MIAMI FL 33186-2166
US

11790 SW 89TH ST
MIAMI FL 33186-2165
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9700 So. Dixie Hwy.

9700 So. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 900

Ste. 900

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33156

U.S.A

33156

U.S.A

4. FEI Number

65-0456912

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

GREENBERG, JEFFREY M
11790 SW 89TH ST
MIAMI FL 33186-2166

Name Jeffrey Greenberg

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

9700 So. Dixie Hwy Ste. 900

City

Miami

FL

Zip Code

33156

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

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 VD ☐ Delete
NAME BERNARD, CAROL J
STREET ADDRESS 1005 BLACKBERRY LN
CITY-ST-ZIP JACKSONVILLE FL 32259

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

TITLE VD ☐ Delete
NAME ANDERSON, WILLIAM E
STREET ADDRESS 71 HAMPTON TOWN ESTATES
CITY-ST-ZIP HAMPTON NH

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

TITLE STD ☐ Delete
NAME ANDERSON, MARYLOU C
STREET ADDRESS 1005 BLACKBERRY LN
CITY-ST-ZIP JACKSONVILLE FL 32259

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

TITLE PC ☐ Delete
NAME ANDERSON, DAVID W.
STREET ADDRESS 1005 BLACKBERRY LN
CITY-ST-ZIP JACKSONVILLE FL 32259

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/00

Date

904-287-9300

Daytime Phone #

CR2E034 (9/99)