

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90546 034 \*\*\*150.00

**DOCUMENT # P94000088688**  
 1. Entity Name  
**SHELBY DRIVE CORPORATION**

Principal Place of Business 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308 US	Mailing Address 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308-7707 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>75-2571016</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>DAVID E. TODD</b> 1801 HERMITAGE BLVD. STE 100 TALLAHASSEE FL 32308	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b>                  After MAY 1, 2000 Fee will be \$550.00                  Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENNETT, DOUGLAS W</b>	NAME	<b>G. Andrews Smith</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	STREET ADDRESS	<b>8750 N. Central Expressway, #800</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	CITY-ST-ZIP	<b>Dallas, TX 75231</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, JEFFREY L</b>	NAME	<b>Edward J. Daley</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	STREET ADDRESS	<b>8750 N. Central Expressway, #800</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	CITY-ST-ZIP	<b>Dallas, TX 75231</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HORTON, JAMES W</b>	NAME	<b>Mark Faraldo</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	STREET ADDRESS	<b>8750 N. Central Expressway, #800</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	CITY-ST-ZIP	<b>Dallas, TX 75231</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>DVAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLUMLEE, DANIEL L.</b>	NAME	<b>James W. Horton</b>
STREET ADDRESS	<b>8750 N. CENTRAL EXWY., SUITE 800</b>	STREET ADDRESS	<b>1801 Hermitage Blvd., #600</b>
CITY-ST-ZIP	<b>DALLAS TX 75231-6437</b>	CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROENER, BRENT W</b>	NAME	<b>Brent W. Kroener</b>
STREET ADDRESS	<b>8750 N. CENTRAL EXWY., SUITE 800</b>	STREET ADDRESS	<b>8750 N. Central Expressway, #800</b>
CITY-ST-ZIP	<b>DALLAS TX 75231-6437</b>	CITY-ST-ZIP	<b>Dallas, TX 75231</b>
TITLE	<b>VAS</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>DVAT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOOD, LUANNE K</b>	NAME	<b>Lynne Quick</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD, SUITE 600</b>	STREET ADDRESS	<b>1801 Hermitage Blvd., #600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>

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:** Douglas W. Bennett, Director **850/488-4406**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)