

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0042914 AV

04-02-2002 90088 020 \*\*\*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**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2571016**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**DAVID E. TODD**  
**1801 HERMITAGE BLVD.**  
**STE 100**  
**TALLAHASSEE FL 32308**

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 \_\_\_\_\_ (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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BENNETT, DOUGLAS W</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>DVAS</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HORTON, JAMES W</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>DVAT</b> <input type="checkbox"/> Delete
NAME	<b>GRAY, LYNNE M</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>DALEY, EDWARD</b>
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY SUITE 800</b>
CITY-ST-ZIP	<b>DALLAS TX 75231</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, G ANDREWS</b>
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY SUITE 800</b>
CITY-ST-ZIP	<b>DALLAS TX 75231-6437</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>FARALDO, MARK</b>
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY, SUITE 800</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>

TITLE	<b>VPAST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Weaver, Regina</b>
STREET ADDRESS	<b>8750 N. Central Express, # 800</b>
CITY-ST-ZIP	<b>Dallas TX 75231</b>
TITLE	<b>DVAS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Smith, Jeffrey</b>
STREET ADDRESS	<b>1801 Hermitage Blvd #600</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *G Andrews Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 214981-080  
 Date Daytime Phone #

CR2E034 (9/01)