

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066786

1. Entity Name

SHEA 90 CORPORATION

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

05-01-2000 90546 009 \*\*\*150.00

Principal Place of Business

1801 HERMITAGE BLVD  
STE 600  
TALLAHASSEE FL 32308  
US

Mailing Address

1801 HERMITAGE BLVD  
STE 600  
TALLAHASSEE FL 32308-7707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3352743

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

TODD, DAVID E  
1801 HERMITAGE BLVD  
SUITE 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	BENNETT, DOUGLAS W	1801 HERMITAGE BOULEVARD	TALLAHASSEE FL 32308	<input type="checkbox"/>	V	Michael Krier	3424 Peachtree Road, NE, #800	Atlanta, GA 30326	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VAT	GOOD, LUANNE K	1801 HERMITAGE BLVD., SUITE 600	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>	S	Thomas A. McKean	3424 Peachtree Road NE #800	Atlanta, GA 30326	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	DECOSTA, LALER	3424 PEACHTREE RD NE STE 800	ATLANTA GA 30326	<input type="checkbox"/>	DVAS	James W. Horton	1801 Hermitage Blvd., #600	Tallahassee, FL 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	SNEDEKER, PATRICIA	1150 LAKE HEARN DRIVE SUITE 400	ATLANTA GA	<input checked="" type="checkbox"/>	DVAT	Lynne Quick	1801 Hermitage Blvd., #600	Tallahassee, FL 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	HARRINGTON, EVELYN	3424 PEACHTREE RD. NE SUITE 800	ATLANTA GA 30326	<input checked="" type="checkbox"/>	T	Patricia Snedeker	3424 Peachtree Road, NE, #800	Atlanta, GA 30326	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SMITH, JEFFREY L	1801 HERMITAGE BLVD	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850/488-4406

CR2E034 (9/99)