

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90040 019 ***150.00

0042485 AV

DOCUMENT # P95000066786

1. Entity Name

SHEA 90 CORPORATION

Principal Place of Business

**1801 HERMITAGE BLVD
STE 600
TALLAHASSEE FL 32308
US**

Mailing Address

**1801 HERMITAGE BLVD
STE 600
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

1801 Hermitage Blvd.

3. Mailing Address

1801 Hermitage Blvd.

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip
32308

Country
USA

Zip
32308

Country
USA

4. FEI Number

59-3352743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BOULEVARD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	DECOSTA, LALER	
STREET ADDRESS	3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	DVAS	<input checked="" type="checkbox"/> Delete
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKEAN, THOMAS A	
STREET ADDRESS	3424 PEACHTREE ROAD N.E. SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BERGERON, RENEE	
STREET ADDRESS	3424 PEACHTREE ROAD NE., SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARRIOR, DEXTER B.	
STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA GA 30326	
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	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JEFFREY L.	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIVERS, LISA K	
STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA GA 30326	

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:

Thomas A. McKean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. McKean

02-20-02

404-848-8600

Date

Daytime Phone #

CR2E034 (9/01)