

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073264

1. Entity Name

SHG PROPERTIES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90098 009 ***150.00

Principal Place of Business

8204 W WATERS AVE
SUITE 130
TAMPA FL 33615
US

Mailing Address

8204 W WATERS AVE
SUITE 130
TAMPA FL 33615-1847
US

2. Principal Place of Business

8130 W. Waters Av

3. Mailing Address

8130 W. Waters Av

Suite, Apt. #, etc.

#130

Suite, Apt. #, etc.

#130

City & State

Tampa

City & State

Tampa

4. FEI Number

34-1811935

Applied For

Not Applicable

Zip

33615

Country

USA

Zip

33615

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUEEN, STEVEN M
8921 PROMISE DRIVE
TAMPA FL 33626

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, 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

TITLE P ☐ Delete
NAME QUEEN, STEVEN M
STREET ADDRESS 8130 WEST WATERS AVE., SUITE 130
CITY-ST-ZIP TAMPA FL 33615

TITLE V ☐ Delete
NAME WHYTSELL, HARRY
STREET ADDRESS 2001 CROCKER RD SUITE 530
CITY-ST-ZIP WESTLAKE OH 44145

TITLE T ☐ Delete
NAME FINKLER, GREGG R
STREET ADDRESS 1660 SPRAGUE ROAD SUITE 285
CITY-ST-ZIP MIDDLEBURG HTS OH 44130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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: SIG. M. P. Q. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00
Date

(813) 886-4493
Daytime Phone #

CR2E034 (9/99)