

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90030 013 ***550.00

DOCUMENT # P95000094347

1. Entity Name
SHAKER VILLAGE, INC.

Principal Place of Business
4800 N. FEDERAL HIGHWAY
STE. 201 B
BOCA RATON FL 33431

Mailing Address
4800 N. FEDERAL HIGHWAY
STE. 201 B
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2255 Glades Road

3. Mailing Address
2255 Glades Road

Suite, Apt. #, etc.
Suite 236 W

Suite, Apt. #, etc.
Suite 236 W

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-0676249

Applied For
 Not Applicable

Zip
33431

Country
USA

Zip
33431

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHANE, TIM A.
4800 N. FEDERAL HIGHWAY
STE. 201 B
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **SHANE, Tim A.**
 Street Address (P.O. Box Number is Not Acceptable)
2255 Glades Road #236 W
 City **Boca Raton** FL Zip Code **33431**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHANE, TIM A 4800 N. FEDERAL HIGHWAY, STE. 201 B BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Secretary SHANE, Tim A. 2255 Glades Road #236 W Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rosenblatt, Leon 2255 Glades Road #236 W Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secret

9/6/01

Date

561-988-5551

Daytime Phone #

CR2E034 (5/01)