## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9600002187

1. Entity Name

SHERROD - HEIST INVESTMENT PROPERTIES, INC.

Principal Place of Business

Mailing Address

1661 ESTERO BLVD STE 21

1661 ESTERO BLVD STE 21 FORT MYERS BEACH FL 33931-2846

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State		DO NOT WRITE IN THIS SPACE  4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<del></del>	7. Name and Address of New Registered Agent	
166 FOF	ISSE, DAVID R 11 ESTERO BLVD STE 20 RT MYERS BEACH FL 33932 e named entity submits this statement for		City	FL Zip Code istered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NO	TE: Registered Agent signature requ	guired when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of S		
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERROD, CHRISTINA E 1661 ESTERO BLVD STE 20 FORT MYERS BEACH FL 33931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

TITLE NAME STREET ADDRESS

TITLE

TITLE

CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE NAME

4-9-00

941-463-6575

☐ Change

Change

☐ Change

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Addition

**FILED** 

Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90007 009 \*\*\*150.00

Daytime Phone #

CR2F034 (9/99