

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033844

1. Entity Name

ELIZABETH B. SHEPHERD, P.A.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90085 004 \*\*\*150.00

Principal Place of Business

11032 SW 15 MANOR  
DAVIE FL 33324

Mailing Address

11032 SW 15 MANOR  
DAVIE FL 33324-7138

2. Principal Place of Business

140 Morning Glory Drive  
Suite, Apt. #, etc.

3. Mailing Address

140 Morning Glory Drive  
Suite, Apt. #, etc.

City & State Lake Mary, FL

Zip 32746-6186

Country USA

City & State Lake Mary, FL

Zip 32746-6186

Country USA

4. FEI Number 65-6235157

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

SHEPHERD, ELIZABETH B  
11032 SW 15 MANOR  
DAVIE FL 33324

Name Shepherd, Elizabeth B.

Street Address (P.O. Box Number is Not Acceptable)  
140 Morning Glory Drive

City Lake Mary

FL

Zip Code 32746-6186

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	D	<input type="checkbox"/> Delete
NAME	SHEPHERD, ELIZABETH B	
STREET ADDRESS	11032 SW 15 MANOR	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shepherd, Elizabeth B.	
STREET ADDRESS	140 Morning Glory Drive	
CITY-ST-ZIP	Lake Mary, FL 32746-6186	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-688-2775  
Director

CR2E034 (9/99)