

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P97000033844**

1. Entity Name  
**ELIZABETH B. SHEPHERD, P.A.**

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Principal Place of Business      Mailing Address  
**11032 SW 15 MANOR**      **11032 SW 15 MANOR**  
**DAVIE FL 33324**      **DAVIE FL 33324-7138**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**140 Morning Glory Drive**      **140 Morning Glory Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

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City & State      City & State  
**Lake Mary, FL**      **Lake Mary, FL**

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Zip      Country      Zip      Country  
**32746-6186**      **USA**      **32746-6186**      **USA**

4. FEI Number      Applied For  
**65-6235157**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHEPHERD, ELIZABETH B**  
**11032 SW 15 MANOR**  
**DAVIE FL 33324**

7. Name and Address of New Registered Agent  
 Name: **Shepherd, Elizabeth B.**  
 Street Address (P.O. Box Number is Not Acceptable): **140 Morning Glory Drive**  
 City: **Lake Mary**      State: **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: **Elizabeth B. Shepherd, Director**      DATE: **4/2/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPHERD, ELIZABETH B</b>	NAME	<b>Shepherd, Elizabeth B.</b>
STREET ADDRESS	<b>11032 SW 15 MANOR</b>	STREET ADDRESS	<b>140 Morning Glory Drive</b>
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	CITY-ST-ZIP	<b>Lake Mary, FL 32746-6186</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Elizabeth B. Shepherd, Director**      DATE: **4/2/00**      DAYTIME PHONE #: **407-688-2775**

CR2E034 (9/99)