

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057994

1. Entity Name

SHEPLAND DEVELOPMENT CORP.

FILED

00 JAN 24 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2431 ALOMA AVE., SUITE 286 2431 ALOMA AVE., SUITE 286
WINTER PARK FL 32792 WINTER PARK FL 32792-2566

2. Principal Place of Business 3. Mailing Address
2431 Aloma Avenue 2431 Aloma Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 285 Suite 285
City & State City & State
Winter Park, FL Winter Park, FL
Zip Country Zip Country
32792 USA 32792 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0776156 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORATH, ANN ESQ
12773 FOREST HILL BOULEVARD
SUITE 209
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name B & C Corporate Services of Central Florida,
Street Address (P.O. Box Number is Not Acceptable)
390 North Orange Avenue
Suite 1100
City Orlando FL Zip Code 32801

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.

B & C Corporate Services of Central Florida, Inc.

SIGNATURE By: *Janice C. Myers* Janice C. Myers, Vice President 1/21/00
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	PTD	<input type="checkbox"/> Delete
NAME	SHEPHERD, THOMAS	
STREET ADDRESS	10851 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KALLAND, DENISE	
STREET ADDRESS	10851 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	2431 Aloma Avenue, Suite 285
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300003108703--1

LS ☐ 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.

SIGNATURE:

Thomas Shepherd, Pres THOMAS SHEPHERD 1-10-00 407-657-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #