

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000 11728**

**99-00**

1. Entity Name

**R. G. SHANKLIN & ASSOCIATES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 22 AM 10:57

Principal Place of Business

Mailing Address

**394 HANKING MOSS CIRCLE  
LK. MARY, FL 32746**

**394 HANKING MOSS CIRCLE  
LK. MARY, FL 32746**

2. Principal Place of Business

**919 GUERNSEY STREET**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 547999**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ORLANDO, FL**

Zip  
**32804**

Country

**USA**

City & State

**ORLANDO, FL**

Zip

**32854-7999**

Country

**USA**

4. FEI Number

**59-3489728**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARD G. SHANKLIN, III  
394 HANKING MOSS CIRCLE  
LK. MARY, FL 32746**

7. Name and Address of New Registered Agent

Name

**RICHARD G. SHANKLIN**

Street Address (P.O. Box Number is Not Acceptable)

**919 GUERNSEY STREET**

City

**ORLANDO**

FL

Zip Code

**32804**

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)

**4/30/00**  
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 **CHIEF EXECUTIVE OFFICER/DIRECTOR** ☐ Delete  
NAME **RICHARD G. SHANKLIN, III**  
STREET ADDRESS **394 HANKING MOSS CIRCLE**  
CITY-ST-ZIP **LK. MARY, FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHIEF EXECUTIVE OFFICER/DIRECTOR** ☒ Change ☐ Addition  
NAME **RICHARD G. SHANKLIN, III**  
STREET ADDRESS **919 GUERNSEY STREET**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

**RICHARD G. SHANKLIN, III CEO**

**4/30/00**  
Date

**407-425-9200**  
Daytime Phone #

**AD**

CR2E034 (9/99)