

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03/5078 AV

FILED

03 JAN 23 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P98000027213	
1. Entity Name SHIPPENSBURG ALF, INC.	

Principal Place of Business 1675 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401 US	Mailing Address 1675 PALM BEACH LAKES BLVD. STE-10A: ATTN: JOHN ERHEY WEST PALM BEACH FL 33401 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0822210	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D ERBEY, WILLIAM C
STREET ADDRESS	1675 PALM BEACH LAKES BLVD. #1002
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> Delete
NAME	P FARIS, RONALD M
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input checked="" type="checkbox"/> Delete
NAME	SVP BARNES, JOHN R
STREET ADDRESS	1675 PALM BEACH LAKES BOULEVARD
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> Delete
NAME	S ERBEY, JOHN R
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VT CZOCHANSKI, THOMAS J
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> Delete
NAME	SVPC ZEIDMAN, MARK S
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400010424294
STREET ADDRESS	01/22/03--01079--005 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MARK J. NICHOLS
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT ANDREW G. DOKOS
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARK J. NICHOLS** **561-682-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)