

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061358

1. Entity Name

SHERWOOD DAYTONA, INC.

FILED

Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90023 007 ***150.00

Principal Place of Business

Mailing Address

2310 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

6304 BENJAMIN ROAD SUITE 503
TAMPA FL 33634-5128

U I U O J 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545457

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSENKRANZ, STANLEY W
201 E KENNEDY BLVD 10TH FLOOR
TAMPA FL 33602

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KAUFMAN, RONALD P MD
STREET ADDRESS 3500 E FLETCHER AVE SUITE 530, MDC BOX 62
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

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

TITLE D
NAME PEARLMAN, BRIAN L CPA
STREET ADDRESS 2203 N LOIS AVENUE SUITE 700
CITY-ST-ZIP TAMPA FL 33607 ☒ Delete

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

TITLE D
NAME WINSHIP, CHUCK D
STREET ADDRESS 505 E JACKSON STREET SUITE 308
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE D
NAME YELVINGTON, FLEURY
STREET ADDRESS 4909 PILGRIM'S PATHWAY
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

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

TITLE P
NAME ROBERTS, KIRT C
STREET ADDRESS 6304 BENJAMIN RD STE 503
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

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

TITLE ST
NAME WILLARD, ROSE M
STREET ADDRESS 6304 BENJAMIN RD STE 503
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROSE M. WILLARD
Sec/Treas

1/28/00

(813)885-5434

CR2E034 (9/99)