

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # P99000061347

1. Entity Name

FLORIDA RESOURCE GROUP, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-22-2000 90068 033 ***150.00

Principal Place of Business

10200 NEW BERLIN RD
JACKSONVILLE FL 32226

Mailing Address

10200 NEW BERLIN RD
JACKSONVILLE FL 32226-2212

2. Principal Place of Business

8008 NEWTON RD

Suite, Apt. #, etc.

3. Mailing Address

8008 NEWTON RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

APPLIED FOR 6-12-00

City & State

JACKSONVILLE FLORIDA

Zip

32216

Country

USA

City & State

JACKSONVILLE FLORIDA

Zip

32216

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPHERD, ALAN D
10200 NEW BERLIN RD
JACKSONVILLE FL 32226

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.

SIGNATURE

Alan D. Shepherd
Signature, typed or printed name of registered agent and title if applicable.

ALAN D. SHEPHERD

April 28, 2000

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	POTTER, STEVE	
STREET ADDRESS	2120 ARMSDALE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPHERD, ALAN D	
STREET ADDRESS	10200 NEW BERLIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, ALAN D	
STREET ADDRESS	8008 NEWTON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alan D. Shepherd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000

Date

Day

9047322270

CR2E034 (9/99)