

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90081 006 ***150.00

DOCUMENT # S89021

1. Entity Name
SHANNON PARK PROPERTIES, INC.



Principal Place of Business
92 ROYSTON DRIVE
CRAWFORDVILLE FL 32307
US

Mailing Address
92 ROYSTER DRIVE
CRAWFORDVILLE FL 32327
US

2. Principal Place of Business

99 Royster Dr.

3. Mailing Address

99 Royster Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville, Fl.

City & State

Crawfordville, Fl

Zip

Country

Zip

Country

32327

32327

4. FEI Number

59-3092069

Applied For

Not Applicable

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

MOORE, W. TAYLOR
223 JOHN KNOX RD.
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/03

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.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **NICHOLS, J. HOWARD**
STREET ADDRESS **8142 BUCK LAKE RD** **99 Royster Dr.**
CITY-ST-ZIP **TALLAHASSEE FL** **Crawfordville, Fl.**

TITLE **VP**
NAME **STRICKLAND, W. DALLAS**
STREET ADDRESS **10679 LAKE IAMONIA DR**
CITY-ST-ZIP **TALLAHASSEE FL** **32327**

TITLE **ST** ☐ **Delete**
NAME **RAINEY, R. BARTOW**
STREET ADDRESS **2325 KILLARNEY WAY**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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:

SIGNATURE REQUIRED

2/10/03

524.2401

CR2E034 (10/02)

Attachment
Doc. # S 89021

80026545

N O T I C E

CHANGE OF ADDRESS

NEW ADDRESS: 99 ROYSTER DRIVE
CRAWFORDVILLE, FL 32327