

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90053 023 \*\*\*150.00

**DOCUMENT # S99080**

1. Entity Name

**SHERWOOD OAKS DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

**3010 S. PENINSULA DRIVE  
DAYTONA BEACH FL 32118****3010 S. PENINSULA DRIVE  
DAYTONA BEACH FL 32118-5912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3107468**

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

Name

**George D. Anderson**

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

**3010 S. Peninsula**

City

**Daytona Beach****FL**

Zip Code

**32118****FINCKE, GERALD E B  
2300 E GRAVES AVENUE  
ORANGE CITY FL 32763**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	ANDERSON, GEORGE D	NAME	
STREET ADDRESS	3010 S PENINSULA DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	FINKCKE, GERALD B	NAME	
STREET ADDRESS	2300 E GRAVES AVE	STREET ADDRESS	
CITY-ST-ZIP	ORALNGE CITY FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	ANDERSON, GRETCHEN	NAME	
STREET ADDRESS	3010 S. PENINSULA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL 32144	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #