

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90053 027 ****61.25

DOCUMENT # 770969

1. Entity Name

LAMBDA SOUTH, INC.

Principal Place of Business

**1231-A EAST LOS OLAS BLVD.
 FT. LAUDERDALE FL 33303**

Mailing Address

**P.O. BOX 030339
 FT. LAUDERDALE FL 33303-0339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

~~DEMPSEY, LISA~~ **Wynn, Bill**
1231A EAST LAS OLAS BLVD
FT LAUDERDALE FL 33303

7. Name and Address of New Registered Agent

Name **BILL WYNN**

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 *Bill Wynn*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **RUDOCK, ED**
 STREET ADDRESS **1037 N.E. 16TH AVE #4**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **VPD** ☒ Delete
 NAME **O'BRIEN, MARY**
 STREET ADDRESS **4640 NE 1ST TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE **TD** ☒ Delete
 NAME **MURRAY, BRUCE**
 STREET ADDRESS **1617 SW 10TH COURT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **ATD** ☒ Delete
 NAME **DUPUIS, ALLEN**
 STREET ADDRESS **9311 NW 43RD MANOR**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **SD** ☒ Delete
 NAME **CAVANAUGH, LARRY**
 STREET ADDRESS **1732 SW 5TH ST.**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
 NAME **KEVIN BURKE**
 STREET ADDRESS **1951 NE 2ND AVE #202**
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Fernin Rojas**
 STREET ADDRESS **1800 N Andrews Ave. 11-H**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE **TD** ☐ Change ☒ Addition
 NAME **GEORGE F. CULLEN**
 STREET ADDRESS **633 KENSINGTON PL**
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **ATD** ☐ Change ☒ Addition
 NAME **FRAN L. GRANT**
 STREET ADDRESS **1402 EAST LAS OLAS BLVD**
 CITY-ST-ZIP **APT 1046 FT LAUDERDALE, FL 33301**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Bill Wynn**
 STREET ADDRESS **818 NW 45th Street**
 CITY-ST-ZIP **Compens Beach, FL 33064**

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 617, 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: *George F. Cullen* **GEORGE F. CULLEN** **1/23/01** **954-565-1170**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)