

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90325 043 ***150.00

DOCUMENT # F62601

1. Entity Name
USSOUTH HOLDING CORP.

Principal Place of Business

~~410 E. MCEWEN DR
 OSPREY FL 34229
 US~~

Mailing Address

P O BOX 1046
 OSPREY FL 34229
 US

2. Principal Place of Business

7666 FAIRWAY WOODS DR. PO Box 18028

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number **59-2153397**

Applied For
 Not Applicable

Zip Country
34238 USA

Zip Country
34276 USA

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

~~WEITZNER, ARTHUR S
 410 E. MACEWEN DR
 OSPREY FL 34229~~

Name **ARTHUR S. WEITZNER**
 Street Address (P.O. Box Number is Not Acceptable)
7666 FAIRWAY WOODS DRIVE
 City **SARASOTA** FL Zip Code **34237**

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 **ARTHUR S. WEITZNER** DATE **3/16/01**
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	WEITZNER, BRIGITTE	
STREET ADDRESS	410 E. MACEWEN DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	PO	<input type="checkbox"/> Delete
NAME	WEITZNER, ARTHUR S	
STREET ADDRESS	410 E. MACEWEN DR	
CITY-ST-ZIP	OSPREY FL 34229	
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		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZNER, BRIGITTE	
STREET ADDRESS	7666 FAIRWAY WOODS DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	P.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR S WEITZNER	
STREET ADDRESS	7666 FAIRWAY WOODS DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34238	
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: **ARTHUR S. WEITZNER** DATE **3/16/01** DAYTIME PHONE # **(941) 927-5471**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)