2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
08-03-2000 90034 005 ***550.00

DOCUMENT # P99000076440

1. Entity Name
SOUTHSTAR DEVELOPMENT PARTNERS, INC. ✓

Principal Place of Business	Mailing Address
One Boca Place 2255 Glades Road Suite 419A Boca Raton, FL 33431	One Boca Place 2255 Glades Road Suite 419A Boca Raton, FL 33431
2. Principal Place of Business: 255 Alhambra Circle	3. Mailing Address: 255 Alhambra Circle
Suite, Apt.#, etc.: Suite 312	Suite, Apt.#, etc.: Suite 312
City & State: Miami, FL 33134	City & State: Miami, FL 33134
Zip: 33134 — Country: USA	Zip: 33134 — Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0948613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCIA LANGLEY
One Boca Place
2255 Glades Road, Suite 419A
Boca Raton, FL 33431

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 ____ DATE
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, 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	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	D/P/S/T J. Larry Rutherford 255 Alhambra Circle, #312 ~~Miami, FL 33134~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 7/25/00 (305) 476-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. LARRY RUTHERFORD, President