

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 297545

1. Entity Name

1900 SOUTH INC

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90012 007 \*\*\*150.00

Principal Place of Business

Mailing Address

F R COXEN

F R COXEN

~~1919 GIBBS DRIVE~~  
TALLAHASSEE FL 92303

~~1919 GIBBS DRIVE~~  
TALLAHASSEE FLA 92302 4712

2. Principal Place of Business

340 REMINGTON RUN LOOP

3. Mailing Address

340 REMINGTON RUN LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

4. FEI Number

59-1155764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip  
32312-1402

Country  
USA

Zip  
32312-1402

Country  
USA

6. Name and Address of Current Registered Agent

F.R. COXEN

~~1919 GIBBS DRIVE~~  
TALLAHASSEE FL 92303

7. Name and Address of New Registered Agent

Name F. R. COXEN

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

340 REMINGTON RUN LOOP

City TALLAHASSEE

FL 32312

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

FORREST R. COXEN

Forrest R. Coxen

JAN 14, 2000

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

TITLE D ☒ Delete  
NAME GARCIA, VINCE  
STREET ADDRESS 1132 CARRAWAY ST  
CITY-ST-ZIP TALLAHASSEE FL  
*DECEASED*

TITLE D ☐ Delete  
NAME SHAW JR, FRANK  
STREET ADDRESS 703 S RIDE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DST ☐ Delete  
NAME COXEN, F R  
STREET ADDRESS ~~1919 GIBBS DR.~~  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☒ Addition  
NAME BARBARA POLAK  
STREET ADDRESS 903 PIEDMONT DR.  
CITY-ST-ZIP TALLAHASSEE, FL

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

TITLE DST ☒ Change ☐ Addition  
NAME COXEN, F R  
STREET ADDRESS 340 REMINGTON RUN LOOP  
CITY-ST-ZIP TALLAHASSEE, FL 32312-1402

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

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

TITLE ☐ Change ☐ 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:

Forrest R. Coxen

JAN. 14, 2000

(850) 385-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #