

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91775 048 ***150.00

DOCUMENT # 493180

1. Entity Name
SOUTHERN INVESTORS REALTY, INC.

Principal Place of Business
**455 N. INDIAN ROCKS ROAD
 BELLEAIR BLUFFS FL 33770
 US**

Mailing Address
**455 N. INDIAN ROCKS ROAD
 BELLEAIR BLUFFS FL 33770
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1648707**

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

**MOORE, JEFF
 455 INDIAN ROCKS ROAD
 BELLEAIR BLUFFS FL 33770**

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, 2002 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	B	<input type="checkbox"/> Delete
NAME	MOORE, MYRON	
STREET ADDRESS	700 TANGLEWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VELTMAN, DAVE M.	
STREET ADDRESS	455 N INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, JEFF	
STREET ADDRESS	455 N INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: M. Jeff Moore Date 4/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)