

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90090 050 ***150.00

DOCUMENT # 546859

1. Entity Name

SOUTHERN LAND GROUP, INC.

Principal Place of Business

**3399 PGA BLVD
STE 450
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**3399 PGA BLVD
STE 450
PALM BEACH GARDENS FL 33410
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1772247

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

CUMMINGS, PETER D ASSOC.**3399 PGA BLVD****STE 450****PALM BEACH GARDENS FL 33410**

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
	DST			
	ENGLISH, BETTY			
	3399 PGA BLVD STE 450			
	PALM BEACH GARDENS FL 33410			
	DP			
	CUMMINGS, PETER			
	3399 PGA BLVD STE 450			
	PALM BEACH GARDENS FL 33410			
	DV			
	CUMMINGS, KEITH L			
	3399 PGA BLVD STE 450			
	PALM BEACH GARDENS FL 33410			

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: *Betty M. English* **BETTY M. ENGLISH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-630-6110

CR2E034 (9/01)