

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 558596

1. Entity Name

SOUTHERN BUSINESS GROUP, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90116 013 ***150.00

Principal Place of Business

258 SOUTHWALL LANE
STE 300
MAITLAND FL 32751
US

Mailing Address

258 SOUTHWALL LANE
STE 300
MAITLAND FL 32751-7457
US

2. Principal Place of Business

130 HUNTERS TR
Suite, Apt. #, etc.

3. Mailing Address

130 HUNTERS TR
Suite, Apt. #, etc.

City & State

LONGWOOD FL
32779 USA

City & State

LONGWOOD FL
32779 USA

4. FEI Number 59-2216411

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, JOHN
258 SOUTHWALL LANE
STE 300
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

130 HUNTERS TRAIL

City

LONGWOOD

FL

Zip Code

32779

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, 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	PM	<input type="checkbox"/> Delete
NAME	HIGGINS, JOHN	
STREET ADDRESS	258 SOUTHWALL LANE, STE 300	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HIGGINS, MARGARET	
STREET ADDRESS	258 SOUTHWALL LANE, STE 300	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DENMON, JULIE	
STREET ADDRESS	258 SOUTHWALL LANE, STE 300	
CITY-ST-ZIP	MAITLAND FL 32751	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	130 HUNTERS TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	130 HUNTERS TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 32779	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Higgins JOHN J. HIGGINS 3-31-00 407-839-2000

CR2E034 (9/99)