

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 723649**

1. Entity Name

CURRAN SHORES SOUTH MANAGEMENT CORP.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90272 015 ****61.25

0009063

UU011537



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3641 SOUTH ATLANTIC AVE DAYTONA BEACH FL 32127	Mailing Address 3641 SOUTH ATLANTIC AVE DAYTONA BEACH FL 32127
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1507396	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROMBACH, LLOYD 3641 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32127
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STINNETT, CARL 3641 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LEE 3641 S ATLANTIC AVE DAYTONA BCH, FL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCBEE, WILLIAM 3641 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, LEE 3641 S ATLANTIC AVE DAYTONA BEACH SHORES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, MARGARET 3641 S ATLANTIC AVE DAYTONA BCH SHORES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMBACH, LLOYD 3641 S ATLANTIC AVE DAYTONA BCH SHORES FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-23-01 904 760-0015
Date Daytime Phone #

CR2E037 (10/00)