

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804653

1. Entity Name

SOUTHERN STATES LAND AND TIMBER CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90286 041 ***150.00

Principal Place of Business

Mailing Address

228 ST CHARLES AVENUE
SUITE 1024
NEW ORLEANS LA 70130-2607

228 ST CHARLES AVENUE
SUITE 1024
NEW ORLEANS LA 70130-2651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0458270

Applied For

Not Applicable

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

MAYANS, STEVEN A
FITZGERALD HAWKINS ET AL
515 N. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH FL 33402

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LEMANN, THOMAS B
STREET ADDRESS 201 ST.CHARLES AVE, #3300
CITY-ST-ZIP NEW ORLEANS LA 70130

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

TITLE D ☐ Delete
NAME HINZ, SHIRLEY J
STREET ADDRESS 652 CYPRESS KEY CIRCLE
CITY-ST-ZIP ATLANTIS FL 33462

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

TITLE VP ☐ Delete
NAME BRIGHT, EDGAR A JR
STREET ADDRESS 300 ONE SHELL SQUARE
CITY-ST-ZIP NEW ORLEANS LA 70139

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

TITLE D ☐ Delete
NAME LEEFE, RICHARD K
STREET ADDRESS 3900 CAUSEWAY BLVD. SUITE 1470
CITY-ST-ZIP METAIRIE LA

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

TITLE ST ☐ Delete
NAME QUINTANA, KIMBERLEY M
STREET ADDRESS 228 ST CHARLES AVE #716
CITY-ST-ZIP NEW ORLEANS LA

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

TITLE D ☐ Delete
NAME CAMBRE, RONALD C
STREET ADDRESS 1615 POYDRAS STREET
CITY-ST-ZIP NEW ORLEANS LA

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:

Kimberley M. Quintana (Kimberley M. Quintana)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

(504) 522-1024

Daytime Phone #

CR2E034 19/991