

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A08421

1. Entity Name

SOUTHERN NATIONAL PARTNERS, LTD.

Principal Place of Business

P.O. BOX 5403  
FT. LAUDERDALE FL 33310

Mailing Address

P.O. BOX 5403  
FT. LAUDERDALE FL 33310-5403

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

59-1972827

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

LEVAN, ALAN B

1750 E SUNRISE BLVD

PO BOX 5403

FT. LAUDERDALE FL 33310

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. Capital Contributions  
as Shown on record.

\$369,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 651483  
NAME SOUTHERN NATL GEN CORP  
STREET ADDRESS 1750 E SUNRISE BLVD  
CITY - ST - ZIP FT. LAUDERDALE FL 33310

STREET ADDRESS

CITY - ST - ZIP

200003292212--0

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED R. GILBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER Vice President

Date

Daytime Phone #

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

03 FEB 03 (9/9)