

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0019602
AB

DOCUMENT # **A94000001301**

1. Entity Name

SOUTHRING S.C. COMPANY, LTD.

02 APR 17 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% SOUTHERN MANAGEMENT & DEV. LP
21301 POWERLINE RD., STE. 312
BOCA RATON FL 33433

Mailing Address

P.O. BOX 11229
KNOXVILLE TN 37939



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **65-0522489**

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

CLIFFORD L. WALTERS
802 11TH STREET WEST
BRADENTON FL 34205

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.

DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

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 # **625859**
NAME **WEST INVESTMENT COMPANY, INC.**
STREET ADDRESS **1733 W. FLETCHER AVE.**
CITY-ST-ZIP **TAMPA FL 33612**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **G66830**
NAME **NORTAM CORPORATION**
STREET ADDRESS **60 EAST 42ND STREET, 55TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10165**

STREET ADDRESS

CITY-ST-ZIP

200005316142--6
04/23/02-01011-008
*****526.25 ***526.25**

DOCUMENT # **G66829**
NAME **TAMNOR CORPORATION**
STREET ADDRESS **60 EAST 42ND STREET, 55TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10165**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Steven Levin, Treasurer

865-584-4175

West Investment 3/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)