

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002236

1. Entity Name
INSOUTH FUNDING, INC.

Principal Place of Business
7200 WEST CAMINO REAL, SUITE 200
BOCA RATON FL 33433

Mailing Address
7200 WEST CAMINO REAL, SUITE 200
BOCA RATON FL 33433

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 62-1376832

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

PURDY, RICHARD
7200 WEST CAMINO REAL, SUITE 200
BOCA RATON FL 33433

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, 2002 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 CD ☐ Delete
NAME PURDY, RICHARD
STREET ADDRESS 7200 WEST CAMINO REAL, SUITE 200
CITY-ST-ZIP BOCA RATON FL 33433
X CHANGE

TITLE D ☐ Change ☒ Addition
NAME BONE, CHARLES
STREET ADDRESS (SAME ADDRESS)
CITY-ST-ZIP

TITLE SD PD ☐ Delete
NAME BRANNON, ELAINE BATLISELANE
STREET ADDRESS 7200 WEST CAMINO REAL, SUITE 200
CITY-ST-ZIP BOCA RATON FL 33433
X CHANGE

TITLE D ☐ Change ☒ Addition
NAME SHARPE, JOHN
STREET ADDRESS (SAME ADDRESS)
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HOLTHAUS, DENNIS
STREET ADDRESS 7200 WEST CAMINO REAL, SUITE 200
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Change ☒ Addition
NAME MASSEY, ABE
STREET ADDRESS (SAME ADDRESS)
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME HILLIARD, ETHELE
STREET ADDRESS (SAME ADDRESS)
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HERNDON, TIM
STREET ADDRESS (SAME ADDRESS)
CITY-ST-ZIP
V ADD

TITLE D ☐ Change ☒ Addition
NAME CLINTON, PHIL
STREET ADDRESS (SAME ADDRESS)
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLINTON, J. D.
STREET ADDRESS (SAME ADDRESS)
CITY-ST-ZIP
V ADD

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: SIGNATURE REQUIRED ELAINE W. BATLIS 1-3-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90027 050 ***150.00



DO NOT WRITE IN THIS SPACE

03/7730 AV

CR2E034 (9/01)