

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90344 044 \*\*\*150.00

**DOCUMENT # F92934**

1. Entity Name

**SOUTHERN AIRPARKS, INC.**

Principal Place of Business

7499 PEMBROKE RD.  
 HOLLYWOOD FL 33023  
 US

Mailing Address

7061 TAFT ST.  
~~PMB#189~~  
 HOLLYWOOD FL 33024  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 848188**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FL**

Zip

**33084**

Country

**USA**

4. FEI Number

**36-3218565**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUTLER, ALICE U.**

**7061 TAFT ST.**

**#189**

**HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name

**BUTLER, ALICE U.**

Street Address (P.O. Box Number is Not Acceptable)

**180 SW 125th Ave**

City

**PLANTATION**

**FL**

Zip Code

**33325**

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.

**ALICE U. BUTLER**  
**Alice U. Butler**

**PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**03-27-01**

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, 2001 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

TITLE **PSD** ☐ Delete

NAME **BUTLER, ALICE U.**

STREET ADDRESS **7061 TAFT ST., #189**

CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VPD** ☐ Delete

NAME **CLARK, DAVID A.**

STREET ADDRESS **180 SW 125TH AVE.**

CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

**180 SW 125th AVE**

**PLANTATION, FL 33325**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

**Alice U. Butler** **ALICE U. BUTLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-27-01**

Date

**(954) 981-4000**

Daytime Phone #

CR2034 (10/00)

0109639