

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90082 016 \*\*\*150.00

**DOCUMENT # F94000001990**

1. Entity Name

**AGORA SOUTH, INC.**

Principal Place of Business

Mailing Address

**14 W MONT VERNON PL  
 BALTIMORE MD 21201  
 US**

**14 W MONT VERNON PL  
 BALTIMORE MD 21201  
 US**

2. Principal Place of Business

**14 WEST MT VERNON PLACE**

3. Mailing Address

**PO BOX 1936**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BALTIMORE, MD**

City & State  
**BALTIMORE, MD**

4. FEI Number

**52-1878080**

Applied For

Not Applicable

Zip  
**21201**

Country  
**USA**

Zip  
**21203**

Country  
**USA**

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

**FORD, JUSTIN  
 1050 SE AVE  
 SUITE 100  
 DELRAY BEACH FL 33483**

Name  
**BARBARA PERRIELLO**

Street Address (P.O. Box Number is not Acceptable)  
**235 NE 4TH AVENUE**

**SUITE 102**

City  
**DELRAY BEACH**

**FL**

Zip Code  
**33483**

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

*Barbara Perriello*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/21/00*

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 ☐ Delete  
 NAME **PC**  
 STREET ADDRESS **BONNER, WILLIAM**  
 CITY-ST-ZIP **14 W MOUNT VERNON PL**  
**BALTIMORE MD 21201**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **BONNER, ELIZABETH**  
 CITY-ST-ZIP **14 W MOUNT VERNON PL**  
**BALTIMORE MD 21201**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **DAVIDSON, JAMES**  
 CITY-ST-ZIP **209 S LEE ST**  
**ALEXANDRIA VA**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
 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:

*Elizabeth Bonner*  
 ELIZABETH BONNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.27.00**

Date

**410.783.8408**

Daytime Phone #

CR2E034 (9/99)