

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001296

1. Entity Name

SOUTHERN FINANCIAL GROUP, INC. OF S.C.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90068 033 ***150.00

Principal Place of Business

Mailing Address

1340 PICKENS ST
COLUMBIA SC 29201

PO BOX 12619
COLUMBIA SC 29211-2619

2. Principal Place of Business

3. Mailing Address

1331 Elmwood Avenue

Suite, Apt. #, etc.

Suite 305

City & State
Columbia, SC

Zip Country

29201

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 57-0803652

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

MOYER, TIM
640 N ORLANDO AVE #1004
MAITLAND FL 32751

Name

Mike McDonald

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MCKITTRICK, C. DENNIS	121 BRIARWOOD LANE	SUMMERVILLE SC 29483	<input type="checkbox"/>
CO	COLLINS, C. DAVID	210 BEAUFORT ST.	SUMMERVILLE SC 29483	<input type="checkbox"/>
VP	MAURER, MARK	919 BELTLINE BLVD.	COLUMBIA SC 29205	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)