

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006596

1. Entity Name

SOUTHERN SECURITY BANK CORPORATION

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90193 037 \*\*\*150.00

Principal Place of Business

Mailing Address

3475 SHERIDAN STREET  
HOLLYWOOD FL 33021

3475 SHERIDAN STREET  
HOLLYWOOD FL 33021-3663

2. Principal Place of Business

1000 Brickell Avenue  
Suite, Apt. #, etc.  
Suite 900

3. Mailing Address

P.O. Box 6699

City & State  
Miami, FL

City & State  
Hollywood, FL

Zip  
33131

Country  
USA

Zip  
33081

Country  
USA

4. FEI Number

65-0325364

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

HARPER, FLOYD D  
SOUTHERN SECURITY BANK CORPORATION  
3475 SHERIDAN STREET  
HOLLYWOOD FL 33021

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, 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 CDP ☐ Delete  
NAME MODDER, PHILIP C  
STREET ADDRESS 1135 S.W. 21ST STREET  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE DVC ☒ Delete  
NAME WILSON, JAMES L  
STREET ADDRESS 384 N.W. 9TH TERRACE  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE CPD ☐ Change ☒ Addition  
NAME CONNELL, HAROLD L.  
STREET ADDRESS 11651 SW 72 PLACE  
CITY-ST-ZIP MIAMI, FL 33156

TITLE D ☐ Delete  
NAME BUTLER, R. DAVID  
STREET ADDRESS 2119 TIGER TAIL AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133-3243

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

TITLE D ☐ Delete  
NAME BUTLER, TIMOTHY S  
STREET ADDRESS H.C. 10 BOX 580  
CITY-ST-ZIP LAKEMONT GA 30552

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 151 DEER TRACK RUN  
CITY-ST-ZIP LAKEMONT, GA 30552

TITLE D ☐ Delete  
NAME FRIEND, HAROLD C M.D.  
STREET ADDRESS 1500 N.W. 10TH AVENUE, SUITE 105  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE D ☐ Delete  
NAME STRASSER, EUGENE J M.D.  
STREET ADDRESS 1505 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33071-6041

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)