

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90347 043 ***150.00

DOCUMENT # F97000006596

1. Entity Name
SOUTHERN SECURITY BANK CORPORATION

Principal Place of Business

**1000 BRICKELL AVE
SUITE 900
MIAMI FL 33131**

Mailing Address

**PO BOX 6699
HOLLYWOOD FL 33081**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0325364**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **MODDER, PHILIP C.**
CITY-ST-ZIP **1135SW 21 STREET
BOCA RATON, FL 33486**

TITLE ☐ Delete
NAME **CPD**
STREET ADDRESS **CONNELL, HAROLD L**
CITY-ST-ZIP **11651 SW 72 PL
MIAMI FL 33156**

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

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

TITLE ☐ Change ☒ Addition
NAME **CD**
STREET ADDRESS **PARTRIDGE, JAMES F.**
CITY-ST-ZIP **3929 GRANADA BLVD.
CORAL GABLES, 33134**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BUTLER, TIMOTHY S**
CITY-ST-ZIP **151 DEER TRACK RUN
LAKEMONT GA 30552**

TITLE ☐ Change ☒ Addition
NAME **STVP**
STREET ADDRESS **HARPER, FLOYD D.**
CITY-ST-ZIP **6980 SW 1 STREET
MARGATE, FL 33068-1645**

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STRASSER, EUGENE J M.D.**
CITY-ST-ZIP **1505 UNIVERSITY DRIVE
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]* **UPD Secy** **2-28-2001** **954-986-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)