

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90072 001 ***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

Zip

Country

Zip

Country

4. FEI Number

65-0325364

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Additional

\$8.75 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, 2002 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 **D** ☐ Delete
 NAME **MODDER, PHILIP C**
 STREET ADDRESS **1135 S.W. 21ST STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **CALIENDO, SAMUEL S.**
 STREET ADDRESS **770 NE 74 STREET**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **CASTRO, HUGO A.**
 STREET ADDRESS **1215 PIZARRO STREET**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **MARINELLO, LEONARD F.**
 STREET ADDRESS **600 NE 101 STREET**
 CITY-ST-ZIP **MIAMI SHORES, FL 33138**

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 **D** ☐ Change ☒ Addition
 NAME **MARLOWE, G. CARLTON**
 STREET ADDRESS **2685 NW 29 AVENUE**
 CITY-ST-ZIP **BOCA RATON, FL 33434**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **PERRONE, STEPHEN L.**
 STREET ADDRESS **1915 BRICKELL AVENUE, UNIT 706C**
 CITY-ST-ZIP **MIAMI, FL 33129**

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 #

2-22-2002

954-985-3900

CR2E034 (9/01)

ATTACHMENT

DOC#: F97000006596

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D
NAME	VALLE, ALBERTO
STREET ADDRESS	7709 WEST 15 AVENUE
CITY-ST-ZIP	HIALEAH, FL 330114