

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99483**

FILED

1. Entity Name

**Southern Condominium Developers, Inc.**

00 JUN 27 PM 6:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**4314 Pablo Oaks Court  
Jacksonville, FL 32224**

**same**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

**59-2226154**

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Tanya Pederson  
4314 Pablo Oaks Ct.  
Jacksonville, FL 32224**

7. Name and Address of New Registered Agent

Name **Tanya P. Edwards**  
Street Address (P.O. Box Number is Not Acceptable)  
**4314 Pablo Oaks Ct.**  
City **Jacksonville** FL Zip Code **32224**

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 **Tanya P. Edwards**  
Signature, typed or printed name of registered agent and title if applicable.

**Tanya P. Edwards**  
(NOTE: Registered Agent signature required when reinstating)

**5/18/00**  
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	<b>Roger M. O'Steen</b>	<input type="checkbox"/> Delete
NAME	<b>President</b>	
STREET ADDRESS	<b>4314 Pablo Oaks Ct.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32224</b>	
TITLE	<b>V. Pres.</b>	<input type="checkbox"/> Delete
NAME	<b>Gregory J. Barbour</b>	
STREET ADDRESS	<b>4314 Pablo Oaks Ct.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32224</b>	
TITLE	<b>Treas./Sec.</b>	<input type="checkbox"/> Delete
NAME	<b>Tanya Pederson</b>	
STREET ADDRESS	<b>4314 Pablo Oaks Ct.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Tanya P. Edwards**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904-992-9750**

**REINSTATEMENT 98-00**

CR2E034 (9/99)