

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # G60115**

1. Entity Name  
 SOUTHDALE, INC.

Principal Place of Business 5425 PARK CENTRAL COURT  NAPLES FL 34109	Mailing Address P.O. BOX 551  NAPLES FL 341060551
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2. Principal Place of Business 983 NORTH COLLIER BOULEVARD  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MARCO ISLAND FL	City & State
Zip 34145	Country

4. FEI Number <b>65-0005208</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRUZZO LUDWIG J.P.A.  
 5425 PARK CENTRAL COURT  
  
 NAPLES FL 34109 US

7. Name and Address of New Registered Agent

Name  
**CHILDS DONALD G**  
 Street Address (P.O. Box Number is Not Acceptable)  
**983 NORTH COLLIER BOULEVARD**  
  
 City  
**MARCO ISLAND FL** Zip Code  
**34145**

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 **DONALD G. CHILDS**

**07/04/2001**

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, 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

TITLE D	<input type="checkbox"/> Delete
NAME OLAH JANE E	
STREET ADDRESS 5425 PARK CENTRAL COURT	
CITY-ST-ZIP NAPLES FL 34109	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLAH JANE E	
STREET ADDRESS 983 NORTH COLLIER BOULEVARD	
CITY-ST-ZIP MARCO ISLAND FL 34145	
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: **Jane E. Olah**

D

07/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)