

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69078

1. Entity Name

SOUTHERN FIRST CORPORATION

Principal Place of Business

3300 PHILLIPS HWY
JAX FL 32207

Mailing Address

PO BOX 5369
JACKSONVILLE FL 32247
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCGEHEE, THOMAS R.
3300 PHILLIPS HWY
JAX FL 32207

7. Name and Address of New Registered Agent

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 resigning)

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 SDV ☐ Delete
NAME MCGEHEE, THOMAS R.
STREET ADDRESS 3300 PHILLIPS HWY
CITY-ST-ZIP JAX FL

TITLE PD ☐ Delete
NAME MCGEHEE, FRANK S.
STREET ADDRESS 3300 PHILLIPS HWY
CITY-ST-ZIP JAX FL

TITLE TAS ☐ Delete
NAME ROGERS, JONATHAN Y
STREET ADDRESS 3300 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ Delete
NAME MCGEHEE, T.R., JR.
STREET ADDRESS 3300 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ Delete
NAME MCGHEE, SUTTON
STREET ADDRESS 3300 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE FL

TITLE CFO ☐ Delete
NAME BRENT, JOHN
STREET ADDRESS 3300 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90418 033 ***150.00



DO NOT WRITE IN THIS SPACE

0458572

CR2E034 (10/00)

4/23/01 904.348-3300

Sutton McGehee Vice President