## 2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # **H77477** SOUTHERN CROSS OF SWF, INC. Mailing Address nincipal Place of Business P.O. BOX 1718 N COLLIER BLVD MARCO ISLAND FL 34146-1718 ∴ ISLAND FL 34145 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent Name LAMB, J. HERBERT 267 N COLLIER BLVD PO BOX 1718 MARCO ISLAND FL 34145 City

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

LAMB, J. HERBERT

267 N COLLIE BLVD.

MARCO ISLAND FL

GIANDONATO, MA

28718 OLD MILL RD.

WESLEY CHPEL FL

79 CRESTWOOD DR

MCGOWAN, MARGARET L

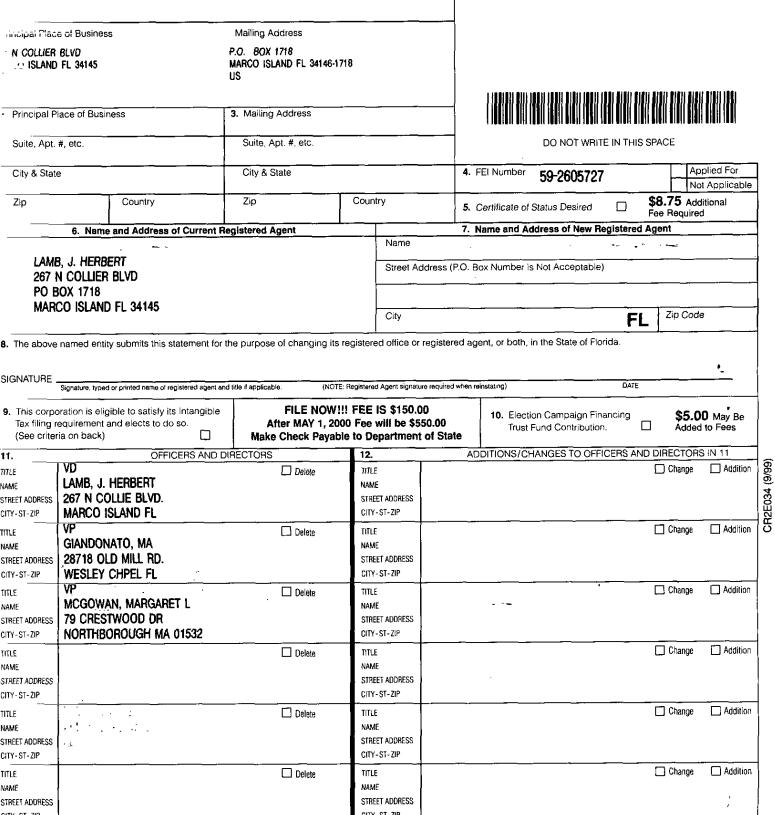
NORTHBOROUGH MA 01532

Tax filing requirement and elects to do so.

(See criteria on back)

## **FILED** Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90030 016 \*\*\*150.00



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 the corporation of 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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR