

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90082 048 ***158.75

0433080

DOCUMENT # J53936

1. Entity Name

ISSA HOMES SOUTHERN, INC.

Principal Place of Business

**599 CELEBRATION PLACE
 STE H
 CELEBRATION FL 34747
 US**

Mailing Address

**PO BOX 470007
 CELEBRATION FL 34747-0007
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2762007

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ISSA, FRANCIS J.
 1112 WESTON RD
 STE 228
 FT LAUDERDALE FL 33326**

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ISSA, FRANCIS J.	
STREET ADDRESS	599 CELEBRATION PLACE STE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HEMPEL, DONALD	
STREET ADDRESS	599 CELEBRATION PLACE STE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COSTELLO, FRED D.	
STREET ADDRESS	599 CELEBRATION PLACE STE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	S	<input type="checkbox"/> Delete
NAME	KORBEL, KATHLEEN	
STREET ADDRESS	599 CELEBRATION PLACE STE H	
CITY-ST-ZIP	CELEBRATIONS FL 34747	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARCHELL, JEFFREY	
STREET ADDRESS	599 CELEBRATION PLACE STE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
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
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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:

FRANCIS J. ISSA

3/21/01

(407) 566-4772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)