# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 07, 2003 8:00 am**
**Secretary of State**
04-07-2003 90183 034 ***158.75

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DOCUMENT # J53936

1. Entity Name
ISSA HOMES SOUTHERN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 599 CELEBRATION PLACE<br>STE H<br>CELEBRATION FL 34747<br>US | 950 CELEBRATION BLVD<br>SUITE F<br>CELEBRATION FL 34747<br>US |

300074016

2. Principal Place of Business: 950 Celebration Blvd
Suite, Apt. #, etc.: Suite F
City & State: Celebration FL
Zip: 34747 Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2762007 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ISSA, FRANCIS J.<br>1112 WESTON RD<br>STE 228<br>FT LAUDERDALE FL 33326 | Name: Francis J. Issa<br>Street Address (P.O. Box Number is Not Acceptable): 950 Celebration Blvd<br>Suite F<br>City: Celebration FL Zip Code: 34747 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ISSA, FRANCIS J.<br>599 CELEBRATION PLACE STE H<br>CELEBRATION FL 34747 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>950 Celebration Blvd, Suite F<br>Celebration, FL 34747 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>HEMPEL, DONALD<br>599 CELEBRATION PLACE STE H<br>CELEBRATION FL 34747 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>950 Celebration Blvd, Suite F<br>Celebration, FL 34747 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>COSTELLO, FRED D.<br>599 CELEBRATION PLACE STE H<br>CELEBRATION FL 34747 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>950 Celebration Blvd, Suite F<br>Celebration, FL 34747 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KORBEL, KATHLEEN<br>599 CELEBRATION PLACE STE H<br>CELEBRATIONS FL 34747 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>950 Celebration Blvd, Suite F<br>Celebration, FL 34747 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MARCHELL, JEFFREY<br>599 CELEBRATION PLACE STE H<br>CELEBRATION FL 34747 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>950 Celebration Blvd, Suite F<br>Celebration, FL 34747 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] SIGNATURE REQUIRED — 3-28-03 — 404-566-4772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #