

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90103 049 ***150.00

DOCUMENT # J83035

1. Entity Name

SOUTHERN SECURITY BANK

Principal Place of Business

Mailing Address

**3475 SHERIDAN STREET
 HOLLYWOOD FL 33021-3607
 US**

**P.O. BOX 6699
 HOLLYWOOD FL 33081-0699
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2688123**

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

**HARPER, FLOYD D
 3475 SHERIDAN ST
 HOLLYWOOD FL 33021**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPERLENGO, FRANK D	
STREET ADDRESS	2616 ACACIA COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRASSER, EUGENE J MD	
STREET ADDRESS	6770 NW 87TH AVENUE	
CITY-ST-ZIP	PARKLAND FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERMAN, SYLVIA	
STREET ADDRESS	3349 HOLLYWOOD OAKS DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARLOWE, G C	
STREET ADDRESS	2685 NW 29 AVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	MODDER, PHILIP C.	
STREET ADDRESS	1135 SW 21ST STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, TIMOTHY S.	
STREET ADDRESS	151 DEER TRACK RUN	
CITY-ST-ZIP	LAKEMONT GA 30552	

TITLE	P/D/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTRO, HUGO A.	
STREET ADDRESS	8197 W 14 COURT	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARINELLO, LEONARD F.	
STREET ADDRESS	600 NE 101 STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALLE, ALBERTO	
STREET ADDRESS	7709 W 15 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33014	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARTRIDGE, JAMES F.	
STREET ADDRESS	3929 GRANADA BOULEVARD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNELL, HAROLD L.	
STREET ADDRESS	11651 SW 72 PLACE	
CITY-ST-ZIP	MIAMI, FL 33156	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(561) 447-7575

Daytime Phone #

CR2E034 (10/00)