

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90031 039 \*\*\*150.00

**DOCUMENT # J94002**

1. Entity Name

**CDN - SOUTHERN INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**DENNY JOHNS  
 375 S BUMBY AVE  
 ORLANDO FL 32803  
 US**

**DENNY JOHNS  
 375 S BUMBY AVE  
 ORLANDO FL 32803-6228  
 US**

**C0016962**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2864014**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**JOHNS, DENNY  
 375 S. BUMBY AVENUE  
 ORLANDO FL 32803**

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, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**  Delete  
 NAME **LUMBERRY, JAMES S**  
 STREET ADDRESS **1810 MONASTERY RD**  
 CITY-ST-ZIP **ORANGE CITY FL**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **JOHNS, DENNY**  
 STREET ADDRESS **1816 CROWN POINT WOODS CIR**  
 CITY-ST-ZIP **OCOOEE FL**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS **8132 COURTLAZER DR**  
 CITY-ST-ZIP **ORLANDO, FL ~~32803~~ 32835**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Delete  
 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 is 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

**1-31-00**  
 Date

**407-898-04**  
 Daytime Phone #