

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20675

1. Entity Name

SOUTHERN OXFORD PROPERTIES OF FLORIDA, INCORPORA

FILED

Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90100 027 \*\*\*150.00

Principal Place of Business

Mailing Address

2300 COFFEE POT BLVD NE  
P.O. BOX 7676  
ST PETERSBURG FL 33734

~~2300 COFFEE POT BLVD NE~~  
P.O. BOX 7676  
ST PETERSBURG FL 33734-7676

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2892847

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

TOWNSEND, GREGORY  
2300 COFFEE POT BLVD NE  
P.O. BOX 7676  
ST PETERSBURG FL 33734

Delete  
Died 10/11/99

Name Lynda G. Boucke President  
Street Address (P.O. Box Number is Not Acceptable)  
2300 Coffee Pot Blvd N.E.  
P.O. Box 7676  
City St. Petersburg FL Zip Code 33734

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 Lynda G. Boucke Lynda G. Boucke President 1/20/00  
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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOURKE, LYND G. 2300 COFFEE POT BLVD. N.E. ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>LYNDA G. BOUCKE</u> <u>2300 Coffee Pot Blvd. NE</u> <u>St. Petersburg, FL 33734</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JORDEN, JULIA M.D. 2300 COFFEE POT BLVD NE ST PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>JORDAN JULIA M.D.</u> <u>Spelling correction</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>John J. Fitch</u> <u>536 W. LOS ANGELES AVE.</u> <u>MOONPARK, CA 93021</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lynda G. Boucke Lynda G. Boucke 1/20/00 727-821-6314  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)