

# 2002 UNIFORM BUSINESS REPORT (UBR) \*

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91760 016 \*\*\*150.00

**DOCUMENT # K20675**

1. Entity Name

**SOUTHERN OXFORD PROPERTIES OF FLORIDA, INCORPORATED**

2. Principal Place of Business

**3536 Foster Hill Dr. No.**  
**2300 COFFEE POT BLVD NE**  
**P.O. BOX 7676**  
**ST PETERSBURG FL 33734**

Mailing Address

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

2. Principal Place of Business

**So. St. Pete**  
 Suite, Apt. #, etc.

3. Mailing Address

**Same**  
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BOUCKE, LINDA G**

**3536 Foster Hill Dr. No.**  
**2300 COFFEE POT BLVD NE**  
**P.O. BOX 7676**  
**ST PETERSBURG FL 33734**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**JULIA M.D. JORDAN**  
**3536 FOSTER HILL DR NO.**  
**ST PETERSBURG FL 33704**

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, 2002 Fee will be \$350.00**

**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

**P** ☐ Delete  
**BOUCKE, LINDA G**  
**3536 Foster Hill Dr. No.**  
**2300 COFFEE POT BLVD NE**  
**ST PETERSBURG FL 33704**

**ST** ☐ Delete  
**JORDAN, JULIA MD**  
**3536 Foster Hill Dr. No.**  
**2300 COFFEE POT BLVD NE**  
**ST PETERSBURG FL 33704**

**VP** ☐ Delete  
**FITCH, JOHN J**  
**536 W. Los Angeles Ave**  
**MOORPARK CA 93021**

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
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☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)