

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53715

1. Entity Name  
**SOUTHPPOINT BUILDING COMPANY**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90039 028 \*\*\*150.00

Principal Place of Business  
**9540 SAN JOSE BLVD.  
P.O.BOX 23627  
JACKSONVILLE FL 32241**

Mailing Address  
**9540 SAN JOSE BLVD.  
P.O.BOX 23627  
JACKSONVILLE FL 32241-6227  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-2933394**


Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FOSTER, DAVID M.  
9540 SAN JOSE BLVD  
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent  
Name **MCCORMACK, JAMES E**  
Street Address (P.O. Box Number is Not Acceptable)  
**9540 SAN JOSE BLVD**  
City **JACKSONVILLE** FL Zip Code **32257**

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  **DAVID M. FOSTER** DATE **4-16-01**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLAVIN, THOMAS M</b>		NAME	<b>GLAVIN, THOMAS M</b>	
STREET ADDRESS	<b>9540 SAN JOSE BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STOOPS, SHARON R</b>		NAME		
STREET ADDRESS	<b>9500 SAN JOSE BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUKE, J.C.</b>		NAME		
STREET ADDRESS	<b>9540 STATE ROAD 13</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FOSTER, DAVID M</b>		NAME		
STREET ADDRESS	<b>1300 GULF LIFE BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PEYTON, HERBERT</b>		NAME		
STREET ADDRESS	<b>9540 SAN JOSE BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, P. JEREMY JR</b>		NAME	<b>AS SMITH, P. JEREMY JR</b>	
STREET ADDRESS	<b>9540 SAN JOSE BLVD</b>		STREET ADDRESS	<b>9540 SAN JOSE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>	

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:  **J.E. MCCORMACK, SECRETARY** DATE **4-16-01** DAYTIME PHONE # **904-4482910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment

825523

Southpoint Building Company  
PO BOX 23627  
Jacksonville, FL 32241

April 16, 2001

#K53715

Attachment for Document #K53715  
Addition:

<u>Name</u>	<u>TITLE</u>
McCormack, James E.	S
Lueders, Jack C Jr.	VT