

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K62041

1. Entity Name

SOUTHLAND PROPERTIES OF OCALA, INC.

Principal Place of Business

Mailing Address

4750 DOLPHIN CAY LN S
ST. PETERSBURG FL 33711-4679
US

4750 DOLPHIN CAY LN S
ST. PETERSBURG FL 33711-4679
US

2. Principal Place of Business

3. Mailing Address

210 37th Avenue North 210 37th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

Zip

Country

33704 US

33704 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUFFMAN, JAY E CPA
6526 CENTRAL AVE
ST. PETERSBURG FL 33707

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 Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FRIEDMAN, ERNEST
STREET ADDRESS 4750 DOLPHIN CAY LN S
CITY-ST-ZIP ST. PETERSBURG FL 33711-4679

TITLE P ☒ Change ☐ Addition
NAME Friedman, Ernest
STREET ADDRESS 210 37th Avenue North
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE D ☐ Delete
NAME GRIECO, NICHOLAS
STREET ADDRESS 4750 DOLPHIN CAY LN S
CITY-ST-ZIP ST. PETERSBURG FL 33711-4679

TITLE D ☒ Change ☐ Addition
NAME Grieco, Nicholas
STREET ADDRESS 210 37th Avenue North
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 #

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90185 007 ***150.00

845876



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2942332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**