2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L81345 May 15, 2000 8:00 am Secretary of State 1. Entity Name SOUTHLAND PROPERTIES OF WINTER HAVEN, INC. 05-15-2000 90185 008 ***150.00 Principal Place of Business Mailing Address 4750 DOLPHIN CAY LN S 4750 DOLPHIN CAY LANE S ST. PETERSBURG FL 33711-4679 ST. PETERSBURG FL 33711-679 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3035206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEDMAN, ERNEST Street Address (P.O. Box Number is Not Acceptable) 4750 DOLPHINE CAY LN S ST. PETERSBURG FL 33711 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD PD Addition ☐ Delete TITLE Friedman, Ernest 210 37th Avenue Dorth NAME FRIEDMAN, ERNEST STREET ADDRESS STREET ADDRESS 4750 DOLPHIN CAY LANE S CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711-4679 ☐ Delete (Change Addition TITLE TITLE Grieco, Dicholas alo 37th Avenue North **GRIECO, NICHOLAS** NAME NAME STREET ADDRESS 4750 DOLPHIN CAY LANE S STREET ADDRESS CITY-ST-ZIP Petersburg CITY-ST-ZIP ST. PETERSBURG FL 33711-4679 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied that 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 Frate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supp of the corporation or the rece changed, or on an attachme

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #