

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001473

1. Entity Name
FACT SOUTH, L.L.C.

Principal Place of Business
1400 E OAKLAND PARK BLVD
SUITE 100
FT LAUDERDALE FL 33334

Mailing Address
1400 E OAKLAND PARK BLVD
SUITE 100
FT LAUDERDALE FL 33334-4400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Two Prestige Place
Suite, Apt. #, etc.
2650 McCormick Drive
Suite 185
Clearwater, FL

3. Mailing Address
Two Prestige Place
Suite, Apt. #, etc.
2650 McCormick Drive
Suite 185
Clearwater

Zip Country
33759 U.S.A.

4. FEI Number
59-3633731

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, WILLIAM R
8751 W BROWARD BLVD
SUITE 207
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Derri Davisson
Street Address (P.O. Box Number is Not Acceptable)
2650 McCormick Drive, Suite 185
City Clearwater FL Zip Code 33759

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 *Derri Davisson*
Signature, typed or printed name of registered agent and title if applicable.
Derri Davisson

4-6-00
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LAZAROU, SPIRO 1400 E OAKLAND PARK BLVD SUITE 100 FT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Derri Davisson 2650 McCormick Drive, Suite 185 Clearwater, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR J. Stephen Miller 2650 McCormick Drive, Suite 185 Clearwater, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Derri Davisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Derri Davisson

Date

Daytime Phone #

727-791-6510 X19

CR2F083 (9/99)