

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000001978**

1. Entity Name

**SOUTHERNMOST PRODUCTIONS, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

Principal Place of Business

1616 ATLANTIC BLVD. #9  
KEY WEST FL 33040

Mailing Address

1616 ATLANTIC BLVD. #9  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650907624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, DONALD F**  
**1616 ATLANTIC BLVD. #9**  
**KEY WEST FL 33040**

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

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

**700003414317--5**  
**-10/05/00--01019--006**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RUSSELL, DONALD F  
1616 ATLANTIC BLVD. #9  
KEY WEST FL 33040**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KREGOR, BETTY BAIRD  
2500 VEECHDALE RD  
SIMPSONVILLE KY 40067**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DORKIN, JOHN  
4211 HARTWICK VILLAGE PLACE  
LOUISVILLE KY 40241**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
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 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:

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

9/24/00

Date

305-295-7442

Daytime Phone #

CR2E083 (5/00)