

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000001225**

1. Entity Name
SOUTH, LLC

Principal Place of Business Mailing Address
1100 ALTA LOMA ROAD, SUITE 16-B **1100 ALTA LOMA ROAD, SUITE 16-B**
LOS ANGELES CA 90069 **LOS ANGELES CA 90069**

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 Applied For
95-4706487 Not Applicable

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

6. Name and Address of Current Registered Agent
OLSEN, THOMAS R
2518 EDGEWATER DRIVE, SUITE 1
ORLANDO FL 32804-4406

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

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

9. MANAGING MEMBERS / MEMBERS
TITLE NAME ☐ Delete
MGRM
BARD, ERVIN
STREET ADDRESS
1100 ALTA LOMA ROAD, SUITE 16-B
CITY-ST-ZIP
LOS ANGELES CA 90069

10. ADDITIONS / CHANGES
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
600004137156--2
-05/04/01--01096--003
*******50.00** ☐ Change ☐ Addition

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: *Ervin R. Bard* **ERVIN R. BARD** 4-4-01 310 6575602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
01 APR 23 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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