2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90027 047 ****61.25

DOCUMENT # N00000006378

1. Entity Name
SOUTHWOOD COMMUNITY COUNCIL, INC.

Principal Place of Business / Mailing Address
215 S. MONROE STREET
SUITE 702
TALLAHASSEE FL 32301

659215

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
215 S. MONROE STREET	7900 GLADES ROAD
Suite, Apt. #, etc. SUITE 702	Suite, Apt. #, etc. SUITE 200
City & State TALLAHASSEE, FL	City & State BOCA RATON, FL
Zip 32301 / Country USA	Zip 33434 / Country USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN BARIC 7900 GLADES ROAD SUITE 200 BOCA RATON, FL 33433	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 $61.25

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PRESIDENT/DIRECTOR [ ] Delete NAME EDMOND, TIMOTHY D. STREET ADDRESS 215 S. MONROE STREET, SUITE 702 CITY-ST-ZIP TALLAHASSEE, FL 32301	TITLE P/D [X] Change [ ] Addition NAME EDMOND, TIMOTHY D. STREET ADDRESS 215 S. MONROE STREET, SUITE 702 CITY-ST-ZIP TALLAHASSEE FL 32301
TITLE VICE-PRESIDENT/DIRECTOR [ ] Delete NAME DANTIN, J. KEITH STREET ADDRESS 215 S. MONROE STREET, SUITE 702 CITY-ST-ZIP TALLAHASSEE, FL 32301	TITLE V/D [X] Change [ ] Addition NAME DANTIN, J. KEITH STREET ADDRESS 215 S. MONROE STREET, SUITE 702 CITY-ST-ZIP TALLAHASSEE FL 32301
TITLE SECRETARY-TREASURER/DIRECTOR [ ] Delete NAME TEAL, DAVID STREET ADDRESS 215 S. MONROE STREET, SUITE 702 CITY-ST-ZIP TALLAHASSEE, FL 32301	TITLE S/T/D [X] Change [ ] Addition NAME TEAL, DAVID STREET ADDRESS 215 S. MONROE STREET, SUITE 702 CITY-ST-ZIP TALLAHASSEE, FL 32301
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

CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/26/01 850-513-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #