

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90023 004 ****61.25

DOCUMENT # N05733

1. Entity Name

THE SOUTHPONTE ASSOCIATION, INC.

Principal Place of Business 5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE FL 32210 US	Mailing Address 5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE FL 32210-8432 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2458071	Applied For <input type="checkbox"/>	Not Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STALLINGS, GEORGE B J 5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE 32210		7. Name and Address of New Registered Agent Name George B. Stallings, Jr. Street Address (P.O. Box Number is Not Acceptable) 5303 ORTEGA BLVD. UNIT 104 City JACKSONVILLE FL Zip Code 32210	
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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: *George B. Stallings, Jr.* DATE: **2/9/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONEY, PAISLEY 5303 ORTEGA BLVD. UNIT 208 JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTHA STALLINGS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D 5303 ORTEGA BLVD. UNIT 101 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALLINGS, GEORGE B JR. 5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLYN DUCOTE 5303 ORTEGA BLVD UNIT 102 JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRINKLEY, ROGER 5303 ORTEGA BLVD. UNIT 203 JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CULPEPPER, SUE 5303 ORTEGA BLVD. UNIT 206 JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRA, STEWART 5303 ORTEGA BLVD. UNIT 204 JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTMAR, C. HARRIS 5303 ORTEGA BLVD. UNIT 104 JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George B. Stallings, Jr.* DATE: **2/9/2000** (904) 384-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #