

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90091 009 \*\*\*\*61.25

**DOCUMENT # N12887**

1. Entity Name

**DEPARTMENT OF THE SOUTH, INC.**

Principal Place of Business

7214 LAUREL HILL ROAD  
 ORLANDO FL 32818-5233

Mailing Address

7214 LAUREL HILL ROAD  
 ORLANDO FL 32818-5233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2622256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GRZELAK, JEFFERY H.**  
**7214 LAUREL HILL ROAD**  
**ORLANDO FL 32818-5233**

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VT**  
**EVANS, LOUS**  
**631 N. LAS POSAS RD #301**  
**CAMARILLO CA 93010**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**GRZELAK, JEFF H**  
**7214 LAUREL HILL RD**  
**ORLANDO FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST**  
**POE, JOHN**  
**1203 N 17TH ST**  
**JACKSONVILLE FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**WOODALL, DOUG**  
**4441 BIRKENHEAD**  
**JACKSONVILLE FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**GUSS, JOHN**  
**495 OGLETHORPE SQUARE #N**  
**JONESBORO GA 30236**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change

☐ 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:

**Jeffery H Grzelak**

**4-25-00**

**407 295-7510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Jeffery H Grzelak 5/25/00**

CR2E037 (9/99)