

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46053

1. Entity Name

SOUTHERN COUNTRY SOUTH FLORIDA, INC.

Principal Place of Business

2144 NE 62ND CT
FORT LAUDERDALE FL 33308
US

Mailing Address

P O BOX 23512
FT LAUDERDALE FL 33307-3512
US

2. Principal Place of Business

P O Box 23512
Suite, Apt. #, etc.
FT. LAUDERDALE

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

33307-3512

Country

USA

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, KATHLEEN M
2144 NE 62ND CT
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: REBECCA ANN HEYMAN

Street Address (P.O. Box Number is Not Acceptable)

715 SW 4TH ST. # 3

City

Fort LAUDERDALE

FL

Zip Code

33312

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 REBECCA ANN HEYMAN

Signature, typed or printed name of registered agent and title if applicable.

Rebecca Heyman

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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 VD ☒ Delete
NAME KENNEDY, JAMES
STREET ADDRESS 501 NE 23RD ST #9
CITY-ST-ZIP DAVIE FL 33314

TITLE C ☒ Delete
NAME WISMEG, JACKIE
STREET ADDRESS 4151 SW 67 AVE #105
CITY-ST-ZIP DAVIE FL 33314

TITLE STD ☒ Delete
NAME LYNCH, KATHLEEN M
STREET ADDRESS 2144 NE 62ND CT
CITY-ST-ZIP FORT LAUDERDALE FL 33308-1358

TITLE D ☒ Delete
NAME SACCONI, DOMINICK
STREET ADDRESS 500 SE 5 CT
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☒ Delete
NAME DANIELS, HEATHER
STREET ADDRESS 2144 NE 62ND CT
CITY-ST-ZIP FORT LAUDERDALE FL 33308-1358

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Change ☒ Addition
NAME REBECCA ANN HEYMAN
STREET ADDRESS 715 SW 4TH ST. #3
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE VD ☐ Change ☒ Addition
NAME LEE FOX
STREET ADDRESS 825 NW 13TH ST. #210
CITY-ST-ZIP BOCA RATON, FL 33484

TITLE STD ☐ Change ☒ Addition
NAME JAMES KENNEDY
STREET ADDRESS 2200 SW 15TH CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE D ☐ Change ☒ Addition
NAME MITCHELL HAYMES
STREET ADDRESS 1410 EUCLID AVE #7
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D ☐ Change ☒ Addition
NAME MIKE MCCALLEN
STREET ADDRESS 777 SE 2ND AVE # 107B
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rebecca Heyman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-00

Daytime Phone #

561-736-3880

CR2E037 (9/99)