

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90046 019 ****61.25

DOCUMENT # N46053

1. Entity Name

SOUTHERN COUNTRY SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

PO BOX 23512
 FT LAUDERDALE FL 33307-3512
 US

P O BOX 23512
 FT LAUDERDALE FL 33307
 US

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

NOT APPLICABLE

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

HEYMAN, REBECCA A
715 SW 4TH ST 3
FORT LAUDERDALE FL 33312

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 ☐ Delete
 NAME **VD**
 STREET ADDRESS **HEYMAN, REBECCA A**
 CITY-ST-ZIP **715 SW 4TH ST 3**
FORT LAUDERDALE FL 33312

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

TITLE ☒ Delete
 NAME **C**
 STREET ADDRESS **HOLLAND, LENN**
 CITY-ST-ZIP **366 MOZART RD**
WEST PALM BEACH FL 33411

TITLE ☐ Change ☒ Addition
 NAME **ROGER WILKERSON D**
 STREET ADDRESS **821 NW 73rd TERR**
 CITY-ST-ZIP **PLANTATION, FL 33317**

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

TITLE ☐ Change ☒ Addition
 NAME **JUDY ARGENTI**
 STREET ADDRESS **4896 ALFRESCO**
 CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **KNIGHT, JEANNE**
 CITY-ST-ZIP **3616 MORTON AVE**
WEST PALM BEACH FL 33405

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SHANAHAN, ED**
 CITY-ST-ZIP **7935 SW 162ND ST**
MIAMI FL 33157

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

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:

SIGNATURE REQUIRED
REBECCA HEYMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

74 Feb 2002
 Date

561-736-3880
 Daytime Phone #

CR2E037 (9/01)