2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
03-09-2001 90472 008 ****61.25

DOCUMENT # N48602

1. Entity Name

SOUTH SANFORD GROUP, INC.

Principal Place of Business	Mailing Address
111 W. 27TH ST. SANFORD FL 32773 US	111 W. 27TH ST. SANFORD FL 32773 US

67201

DO NOT WRITE IN THIS SPACE

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

WHITTEN, DON
129 MAYFAIR CIRCLE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name: JONES, Lowell R.
Street Address (P.O. Box Number is Not Acceptable): 614 BETH DR.
City: SANFORD FL Zip Code: 32771

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: Lowell R. Jones Lowell R. Jones TREASURER 16 February 2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITTEN, DON 129 MAYFAIR CIRCLE SANFORD FL 32771	☒ Delete	T/D Jones Lowell R 614 BETH DR. Sanford, FL 32771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBADE, GRACE 2616 EL PORTAL SANFORD FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITTEN, ERIKA 129 MAYFAIR CIR SHAWFORD FL 32771	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	C Campbell, Albert 156 Long Leaf Pine Cir. SANFORD, FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D. Campbell, Carolyn 156 Long Leaf Pine Cir Sanford FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D. Haefner, Bradley 264 West North St. Altamonte Springs, FL 32714	☐ Change ☒ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Lowell R. Jones 2-16-01 407-321-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #