

2002 UNIFORM BUSINESS REPORT (UBR)

112
0002177

DOCUMENT # N94000005429

Entity Name

SOUTH BAY CORRECTIONAL FACILITIES FINANCING CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 26 PM 4:00

Principal Place of Business 4050 ESPLANADE WAY STE 680 PEPPER BUILDING TALLAHASSEE FL 32399	Mailing Address 4050 ESPLANADE WAY STE 680 PEPPER BUILDING TALLAHASSEE FL 32399
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3645785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HODGES, C. MARK 4050 ESPLANADE WAY STE 680 PEPPER BUILDING TALLAHASSEE FL 32399		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 _____ (NOTE: Registered Agent signature required when reinstating)

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

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	D FREEDMAN, JOEL J 4050 ESPLANADE WAY, STE 680 PEPPER BLDG TALLAHASSEE FL 32399 <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 BLOCK, SAMUEL A 4050 ESPLANADE WAY, STE 680 PEPPER BLDG TALLAHASSEE FL 32399 <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 HODGES, MARK 4050 ESPLANADE WAY, STE 680 PEPPER BLDG TALLAHASSEE FL 32399 <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	<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	<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	<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: **SIGNATURE REQUIRED** 2/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE	02/20/2002	S-W/Agency Voucher No.
720000		JT-2				020-0046-6842
DEPARTMENT DEPARTMENT OF MANAGEMENT SERVICES						603143
SITE DEPARTMENT OF MANAGEMENT SERVICES						

COMPTROLLER ACCOUNT	NUMBER	CF	OBJECT	TRANS CODE	TRANS CODE
	COMPTROLLER ACCOUNT NAME			25	45
	INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
2202339111-7294010000-10074600	GRANTS & DONATIONS TF DMS/CORRE		4920	61.25	
	CORR PRIVATIZATION COM				
	INV: N94000005	61.25			
5502130001-4530010000-00010000	CORPORATIONS TRUST FUND DGS FEE				61.25
	S				

TRANSACTION TYPE: JOURNAL ADVICE	TOTAL	TOTAL
	61.25	61.25

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

Time In

Handwritten signature
2/20/02

Audited By

APPROVED: *Handwritten signature*

TITLE