

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *1495000001963*

1. Entity Name
SOUTHWEST UNITED COMMUNITIES, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90222 005 ****70.00

Principal Place of Business Mailing Address
1003 S. KRAMER RD. 2172 BRITTON BLVD. STE 263
Orlando, FL 32811 Orlando, FL 32805

00080496

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 <i>59-3329576</i>		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <i>ERNEST PAGE</i> <i>4271 Schank Ct.</i> <i>Orlando, FL 32811</i>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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	<i>LOUIS A. HOWARD</i> ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	<i>4266 BOONER ST.</i>	NAME	
STREET ADDRESS	<i>Orlando, FL 32811</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>Abdul SULUKI</i> ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	<i>1517 GUINYARD ST.</i>	NAME	
STREET ADDRESS	<i>Orlando, FL 32805</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>SHIRLEY SMITH</i> ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	<i>4215 TATUM ST.</i>	NAME	
STREET ADDRESS	<i>Orlando, FL 32811</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>LAURETHA FUDGE</i> ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	<i>2173 HISTON CT.</i>	NAME	
STREET ADDRESS	<i>Orlando, FL 32811</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>FLOYD R. FRAZIER</i> ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	<i>3204 GULFSTREAM RD.</i>	NAME	
STREET ADDRESS	<i>Orlando, FL 32805</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>ANNE MIRIAM DE GOUVER</i> ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	<i>1700 W. AMELIA</i>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Ernest Page* *Ernest Page* 8/14/00 (407) 426-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)