

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91159 010 ***150.00

DOCUMENT # P00000048977

1. Entity Name
SOUTHLAND DEVELOPMENT OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

~~1778 ORLEANS ST~~
~~MANDEVILLE LA 70448~~

~~1778 ORLEANS ST~~
~~MANDEVILLE LA 70448~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

109 NORTH PARK SUITE 320

Suite, Apt. # etc.

109 NORTH PARK, SUITE 320

City & State

COVINGTON LA

City & State

COVINGTON, LA

Zip

70433

Country

USA

Zip

70433

Country

USA

4. FEI Number

58-2549370

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

SHELL, STEPHEN B
226 PALAFOX PLACE, NINTH FL
PENSACOLA FL 32501

Name

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

~~109 NORTH PARK SUITE 320~~

City

~~COVINGTON~~ **LA** ~~FL~~

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **BROWN, BIRAN B**
 STREET ADDRESS **1778 ORLEANS ST**
 CITY-ST-ZIP **MANDEVILLE LA 70448**

TITLE ~~D~~ ☐ Change ☐ Addition
 NAME ~~ERIC WENDEL~~
 STREET ADDRESS ~~1778 ORLEANS ST~~
 CITY-ST-ZIP ~~MANDEVILLE LA 70448~~

TITLE **D** ☒ Delete
 NAME **KNIGHT, CRAIG**
 STREET ADDRESS **69459 HWY 59**
 CITY-ST-ZIP **ABITA SPRINGS LA 70420**

TITLE **D** ☐ Change ☒ Addition
 NAME **MICHAEL G. SANDERSON**
 STREET ADDRESS **109 NORTH PARK, SUITE 320**
 CITY-ST-ZIP **COVINGTON, LA 70433**

TITLE **D** ☒ Delete
 NAME **SIMMONS, RANDY**
 STREET ADDRESS **4502 ANCHOR LAND**
 CITY-ST-ZIP **ORANGE BEACH AL 36561**

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

TITLE **D** ☒ Delete
 NAME **WALTHER, KEITH**
 STREET ADDRESS **229 HEADRICK CIR**
 CITY-ST-ZIP **GULF SHORES AL 36547**

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

TITLE **D** ☐ Delete
 NAME **WENDEL, ERIC**
 STREET ADDRESS **1710 ORLEANS ST**
 CITY-ST-ZIP **MANDEVILLE LA 70448**

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

TITLE **D** ☐ Delete **ADD**
 NAME **WAYNE M. LEBLANC**
 STREET ADDRESS **109 NORTH PARK, SUITE 320**
 CITY-ST-ZIP **COVINGTON, LA 70433**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WAYNE M. LEBLANC (WAYNE M. LEBLANC) 4-23-01

Date

Daytime Phone #

504-871-7181

CR2E034 (10/00)