

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90479 043 ***150.00

NR50174 AV

DOCUMENT # P00000109674

1. Entity Name
SOUTHERN TRADITIONS OF CENTRAL FLORIDA, INC.

Principal Place of Business
2041 LOMAX DR
FRUITLAND PARK FL 34731

Mailing Address
2041 LOMAX DR
FRUITLAND PARK FL 34731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3684827

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALSH, JAMES T
2041 LOMAX DR
FRUITLAND PARK FL 34731

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

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	WALSH, JAMES T	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALSH, LINDA F	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALSH, JEREMIAH J	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALSH, JOSHUA J	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOSHUA J	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JEREMIAH J	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Fletcher	
STREET ADDRESS	5437 CR 125	
CITY-ST-ZIP	WILLOWOOD FL 34785	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JAMES T.	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 F WALSH 4/30/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice Pres.

Date

Daytime Phone #

CR2E034 (9/01)