

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90199 033 ***150.00

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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

Zip

Country

Zip

Country

4. FEI Number
59-3684827

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	WALSH, JAMES T	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLETCHER, BETH	
STREET ADDRESS	5437 CR 125	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALSH, JEREMIAH J	
STREET ADDRESS	2041 LOMAX DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	DP	<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
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. WALSH - TRCA.

4/23/03 352-365-0150

Date

Daytime Phone #

CR2E034 (10/02)