

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91385 010 ***150.00

DOCUMENT # P01000085330
1. Entity Name
SOUTHERN III, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 SIESTA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
2500 SIESTA DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL 34239

City & State
SARASOTA FL

4. FEI Number
65-1136885

Applied For
Not Applicable

Zip
34239

Country
US

Zip
34239

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVID VOTAW

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

2500 SIESTA DRIVE

City SARASOTA **FL** **Zip Code** 34239

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

David Votaw
(NOTE: Registered Agent signature required when reinstating)

4/25/02
DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ERIC BEATY 227 Seagull Sarasota, Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hoyt Beaty 227 Seagull Sarasota, Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Trea DAVID VOTAW 2500 Siesta Dr Sarasota, Fl 34239

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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)