

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90154 014 \*\*\*150.00

**DOCUMENT # P01000095656**

1. Entity Name  
**SOUTHERN LIVING OF BRANDON, INC.**

Principal Place of Business

**619 PRINCETON STREET  
 BRANDON FL 33511**

Mailing Address

**619 PRINCETON STREET  
 BRANDON FL 33511**

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

**3746067  
 59-3670052**

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

7. Name and Address of New Registered Agent

**SHORT, PAUL R  
 7522 NORTH 40TH STREET  
 TAMPA FL 33604**

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP  
 POLLOCK, MELONIE M  
 619 PRINCETON STREET  
 BRANDON FL 33511** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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: MELONIE M. POLLOCK, PRES. 7/19/02 (813) 655-0822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

**SOUTHERN LIVING ALF**

◆◆◆  
619 PRINCETON ST.  
BRANDON, FL. 33511-7129  
HILLS. CO.  
PHONE (813) 655-0822  
FAX (813) 661-3914

*A. Hochman*

# P0100009568  
122294 07/19/02

ATTN: DEPARTMENT OF STATE  
FROM: MELONIE POLLOCK  
RE: CORPORATION RENEWAL FEE,

ENCLOSED IS MY RENEWAL FEE FOR INCORPORATION. I DIDN'T  
RECEIVED THE RENEWAL AT THE BEGINNING OF THE YEAR. CAN YOU PLEASE WAIVED THE  
ADDITIONAL FEE. DUE TO THIS BEING THE FIRST TIME I FILED. MY BUSINESS IS A SMALL  
ASSISTED LIVING FACILITY AND I'VE BEEN STRUGGLING TO SURVIVE. THANK YOU FOR YOUR  
UNDERSTANDING AND ASSISTANCE WITH THIS MATTER. I WILL MAKE SURE THAT THIS DOES  
NOT OCCUR AGAIN.

ADDRESS IS:  
MELONIE POLLOCK  
603 WOOD RD.  
SEFFNER, FL. 33584

THANK YOU,  
MELONIE POLLOCK  
813-629-0304