

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91410 032 \*\*\*150.00

0610014 AV

DOCUMENT # P01000121791

1. Entity Name  
SOUTHWINDS FINANCIAL CORPORATION



Principal Place of Business  
900 EAST OCEAN BLVD  
SUITE 232  
STUART FL 34994

Mailing Address  
900 EAST OCEAN BLVD  
SUITE 232  
STUART FL 34994

60041217



2. Principal Place of Business  
901 Martin Downs Blvd  
Suite, Apt. #, etc.  
207

3. Mailing Address  
901 Martin Downs Blvd  
Suite, Apt. #, etc.  
207

City & State  
Palm City Florida  
Zip  
34990  
Country  
Martin

City & State  
Palm City Florida  
Zip  
34990  
Country  
Martin

4. FEI Number  
22-3850345  
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

GOLDSTEIN, JEFFREY R  
4321 SE COVE LAKE CIRCLE  
207  
STUART FL 34997

## 7. Name and Address of New Registered Agent

Name  
JEFFREY R. GOLDSSTEIN  
Street Address (P.O. Box Number is Not Acceptable)  
4569 SW Long Bay Drive  
City  
Palm City FL Zip Code  
34990

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 DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN, JEFFREY R 4321 SE COVE LAKE CIRCLE #207 STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUESTER, BRUCE W 9500 E OCEAN DRIVE #2004 JENSEN BEACH FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/30/03 772-283-3449  
Date Daytime Phone #

CR2E034 (10/02)