

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37010

1. Entity Name

WILMA SOUTH MANAGEMENT CORPORATION

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90005 028 ***550.00

Principal Place of Business

Mailing Address

MSC 380
1417 SADLER RD
FERNANDINO BEACH FL 32034
US

MSC 380
1417 SADLER RD
FERNANDINO BEACH FL 32034-4466
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10945 State Bridge Rd.

3. Mailing Address

10945 State Bridge Rd

Suite, Apt. #, etc.

Suite 401 PMB 293

Suite, Apt. #, etc.

Suite 401 PMB 293

City & State

Alpharetta GA

City & State

Alpharetta GA

Zip

30022

Country

USA

Zip

30022

Country

USA

4. FEI Number

58-1970676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	GRAHAM, CHARLES D.	
STREET ADDRESS	MSC 880 1417 Sandler Rd	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	V	<input type="checkbox"/> Delete
NAME	GATINS, SUSAN J	
STREET ADDRESS	MSC 880 1417 Sandler Rd	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAHAM, KAREN S	
STREET ADDRESS	MSC 880 1417 Sandler Rd	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	10945 State Bridge Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PMB 293 # 401	
STREET ADDRESS	Alpharetta, GA 30022	
CITY-ST-ZIP		
TITLE	10945 State Bridge Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PMB 293 # 401	
STREET ADDRESS	Alpharetta, GA 30022	
CITY-ST-ZIP		
TITLE	10945 State Bridge Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PMB 293 # 401	
STREET ADDRESS	Alpharetta, GA 30022	
CITY-ST-ZIP		
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		
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:

SUSAN J. Gatins

7-11-00

7706646659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/98)