

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90073 048 \*\*\*150.00

**DOCUMENT # P93000030593**

1. Entity Name

**SOUTH COUNTRY SUPPLY, INC.**

Principal Place of Business

**9220 LAWRENCE ROAD  
 BOYNTON BEACH FL 33436**

Mailing Address

**9220 LAWRENCE ROAD  
 BOYNTON BEACH FL 33436-2641**

2. Principal Place of Business

**270 N. CONGRESS AVE**

Suite, Apt. #, etc.

3. Mailing Address

**270 N. CONGRESS AVE**

Suite, Apt. #, etc.

City & State

**BOYNTON BCH, FL.**

City & State

**BOYNTON BCH, FL.**

Zip

**33426**

Country

**USA**

Zip

**33426**

Country

**USA**

4. FEI Number

**65-0437206**

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

**BEACH, WAYNE G  
 9220 LAWRENCE ROAD  
 BOYNTON BEACH FL 33436**

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

*Wayne G Beach PRES* **WAYNE G. BEACH**

**1/12/00**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BEACH, WAYNE</b>	
STREET ADDRESS	<b>9220 LAWRENCE RD.</b>	
CITY-ST-ZIP	<b>BOYNTON BCH. FL</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>BEACH, JOANNE</b>	
STREET ADDRESS	<b>9220 LAWRENCE RD.</b>	
CITY-ST-ZIP	<b>BOYNTON BCH. FL</b>	
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		<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	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNETH D. GIBBS III</b>	
STREET ADDRESS	<b>8063 STIRRUP CAY CT</b>	
CITY-ST-ZIP	<b>BOYNTON BCH, FL 33436</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RACHELLE R. RISLEY</b>	
STREET ADDRESS	<b>8063 STIRRUP CAY CT.</b>	
CITY-ST-ZIP	<b>BOYNTON BCH, FL 33436</b>	
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:

*Wayne G Beach* **PRES**

**1/12/00 561-738-0977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)