

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037859

1. Entity Name

SOUTHWOOD PROPERTIES, INC.

Principal Place of Business

4343 SPRINGDALE CIRCLE
VENICE FL 34293
US

Mailing Address

9770 SW CR 769
ARCADIA FL 34266-8658
US

2. Principal Place of Business

9770 SW CR 769

3. Mailing Address

Suite, Apt. #, etc.

City & State

ARCADIA FL

City & State

Zip

34266

Country

US

Country

4. FEI Number

65-0421796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISHOP, BRAD E
9770 SW COUNTY RD 769
ARCADIA FL 34266

7. Name and Address of New Registered Agent

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

TITLE D
NAME BISHOP, BRAD
STREET ADDRESS 12077 SW KINGSWAY CIRCLE
CITY-ST-ZIP LAKE SUZY FL

☐ Delete

TITLE DVP
NAME SCHILLER, FRIEDRICH
STREET ADDRESS 4 SABAL DR
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE D
NAME NANCY KRAUS
STREET ADDRESS 16460 CHICOPEE
CITY-ST-ZIP PT. CHARLOTTE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRIEDRICH SCHILLER, PRES.

Date

Daytime Phone #

2/10/00 (941) 993-2111

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90007 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR 01:14 (1/1/83)