

2000 UNIFORM BUSINESS REPORT (UBR)

0085939

DOCUMENT # P93000064534

1. Entity Name
SOUTHERN STATES FUNDING, INC.

FILED
00 FEB 10 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

300 GARFIELD AVE. **P.O. BOX 2915**
THIRD FLOOR **WINTER PARK FL 32790-2915**
WINTER PARK FL 32789 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

157 E. New England Ave. **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

370 **Winter Park, FL**

City & State City & State

Zip Country Zip Country

32789 **Orange**

4. FEI Number 59-3201201 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DIEHL, DANIEL R
300 GARFIELD AVE
THIRD FLOOR
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **IVALLO MANOLOU**

Street Address (P.O. Box Number is Not Acceptable)

157 E. New England Ave 370

City **Winter Park** FL Zip Code **32789**

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: **Ivallo Manolou, Pres.** DATE: **1/24/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIRPA, SKIP		NAME	SKIRPA, SKIP	
STREET ADDRESS	5068 SHERRIER PLACE N.W.		STREET ADDRESS	573 SEWARD SQ. SE-1B	
CITY-ST-ZIP	WASHINGTON, D.C. 20016		CITY-ST-ZIP	WASH, DC, 20003	
TITLE	RD	<input checked="" type="checkbox"/> Delete	TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHL, DANIEL R		NAME	IVALLO MANOLOU	
STREET ADDRESS	300 GARFIELD AVE., 3RD FLOOR		STREET ADDRESS	157 E NEW ENGLAND AVE 370	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Ivallo Manolou, Pres.** DATE: **1/24/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)