

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000084615**

1. Entity Name
SOUTHERN INVESTORS MANAGEMENT INC.

FILED

01 MAY 22 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 263 GOOLSBY BLVD DEERFIELD BEACH FL 33442		Mailing Address 263 GOOLSBY BLVD DEERFIELD BEACH FL 33442	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0538812		<input type="checkbox"/> Apply for <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GLOVER, CHARLES S 263 GOOLSBY BLVD. DEERFIELD BEACH FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	

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: _____ DATE: _____

9. This corporation is eligible to elect its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$650.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE D	<input type="checkbox"/> Delete GLOVER, CHARLES S STREET ADDRESS 263 GOOLSBY BLVD. CITY-STATE-ZIP DEERFIELD BEACH FL 33442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition LS	
TITLE D	<input type="checkbox"/> Delete GERZINA, JACK R STREET ADDRESS 263 GOOLSBY BLVD. CITY-STATE-ZIP DEERFIELD BEACH FL 33442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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. Further cert by 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 changed, or on an attachment with an address, with all other like empowered.

CORPORATION: *Jack R Gerzina* Director **4/20/01 (954) 428-1915**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

C12E0034 (10/01)