

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90011 019 ***150.00

DOCUMENT # P95000015237 ✓
1. Entity Name
 SOUTHSTAR DISTRIBUTION ASSOCIATES, INC.

Principal Place of Business **Mailing Address**
 500 SOUTH PARK AV
 SUITE 205
 WINTER PARK, FL 32789

2. Principal Place of Business **3. Mailing Address**
 301 S. ORLANDO AV. PO BOX 2549
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 200

City & State **City & State**
 MAITLAND FL WINTER PARK FL
Zip **Country** **Zip** **Country**
 32751 US 32790 US

4. FEI Number **Applied For**
 59-3308567 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ORLANDO L. ENORA
 390 N. ORANGE AV #1300
 ORLANDO FL. 32801 US

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 NAME STREET ADDRESS CITY-ST-ZIP	D HOLLER, ROGER W III <input type="checkbox"/> Delete 500 SOUTH PARK AV #205 WINTER PARK FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLER, SALLYE F. <input type="checkbox"/> Delete 500 S. PARK AV #205 WINTER PARK FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLER, ROGER W III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 S. ORLANDO AV #200 MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLER, SALLYE F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 S. ORLANDO AV #200 MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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. I further certify that the information indicated on this report or supplemental reports 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 the empowered.

SIGNATURE: _____ **4.26.00** (407)6454102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)