

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90016 030 ***150.00

05/09/2002 AV

DOCUMENT # P95000081787

1. Entity Name
711 SOUTH HOLDING COMPANY

Principal Place of Business
435 SOUTH MAIN STREET
WILDWOOD FL 34785
US

Mailing Address
435 SOUTH MAIN STREET
WILDWOOD FL 34785
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3366536

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARUTHERS, MARK
435 SOUTH MAIN STREET
WILDWOOD FL 34785

Name

MARK CARUTHERS

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

739 S. Main ST

City

Wildwood

FL

Zip Code

34785

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
CARUTHERS, MARK S
4734 CR 141
WILDWOOD FL 34785

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STD
CARUTHERS, MARY G
4921 CR 141
WILDWOOD FL 34785

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TITLE
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 CITY-ST-ZIP

VD
CARUTHERS, C. AUBREY
4921 CR 141
WILDWOOD FL 34785

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02 352-748-9000

CR2E034 (9/01)