

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026326

1. Entity Name  
THE SOUTHLAND GROUP, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90004 041 \*\*\*550.00

Principal Place of Business

3521 COMMODORE CIRCLE  
DELRAY BEACH FL 33483  
US

Mailing Address

3521 COMMODORE CIRCLE  
DELRAY BEACH FL 33483  
US

2. Principal Place of Business

3521 COMMODORE CIRCLE

3. Mailing Address

3521 COMMODORE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FLORIDA

City & State

DELRAY BEACH FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33483

Country

US.

Zip

33483

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYMAN, IRA J  
3521 COMMODORE CIRCLE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

LYMAN IRA J

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

3521 COMMODORE CIRCLE

City

DELRAY BEACH FLORIDA FL

Zip Code

33483

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

7-12-2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS LYMAN, IRA J  
CITY-ST-ZIP 3521 COMMODORE CIRCLE  
DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-2000

Date

561-243-0860

Daytime Phone #

CR2E034 (5/00)