

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0036241 AV

DOCUMENT # P96000069327

1. Entity Name
SOUTHERN HOME LENDING, CORP.

02-21-2002 90079 015 ***150.00

Principal Place of Business
1835 UNIVERSITY BLVD S
JACKSONVILLE FL 32216
US

Mailing Address
1823 UNIVERSITY BLVD. S.
JACKSONVILLE FL 32216
US



2. Principal Place of Business

3. Mailing Address

4899 Del Fort Rd.
Suite, Apt. #, etc.
#190

4899 Del Fort Rd.
Suite, Apt. #, etc.
#190

DO NOT WRITE IN THIS SPACE

City & State
JAX, FL

City & State
JAX, FL

4. FEI Number **59-3393530**

Applied For
Not Applicable

Zip
32256

Country
US

Zip
32256

Country
US

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

CAPLAN, HOWARD A.P.A.
3900 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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, 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 **D** ☒ **Delete**
NAME **JOHNIGEAN, MICHAEL J**
STREET ADDRESS **14030 MANDARIN OAKS LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **POLLON, SHERRY G.**
STREET ADDRESS **3213 CORVETTE PLACE**
CITY-ST-ZIP **JAX, FL 32216**

TITLE **PS** ☒ **Delete**
NAME **KING, SHERRY G.**
STREET ADDRESS **3213 CORVETTE PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **PS** ☐ **Change** ☒ **Addition**
NAME **ADOLPH, THURLEY L.**
STREET ADDRESS **2735 CANYON FALLS DRIVE**
CITY-ST-ZIP **JAX, FL 32224**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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

Date

Daytime Phone #

CR2E034 (9/01)