

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002594

1. Entity Name

SOUTHCAP VENTURES, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90102 015 \*\*\*150.00

Principal Place of Business

2000 GLADES RD. SUITE 204  
 BOCA RATON FL 33431

Mailing Address

2000 GLADES RD. SUITE 204  
 BOCA RATON FL 33431-8504

2. Principal Place of Business

1951 NW 19TH ST  
 Suite, Apt. #, etc. STE 100  
 City & State Boca Raton FL

3. Mailing Address

1951 NW 19TH ST  
 Suite, Apt. #, etc. STE 100  
 City & State Boca Raton FL



DO NOT WRITE IN THIS SPACE

Zip 33431 Country USA

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4. FEI Number 65-0717110

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINE, NORMAN D  
 2000 GLADES RD, SUITE 204  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable) 1951 NW 19TH ST  
 Ste 100  
 City Boca Raton FL Zip Code 33431

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	PD	<input type="checkbox"/> Delete
NAME	FINE, NORMAN D	
STREET ADDRESS	2000 GLADES RD #204	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARDING, BONNIE E	
STREET ADDRESS	2000 GLADES RD #204	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINE, JOAN J	
STREET ADDRESS	2000 GLADES RD #204	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1951 NW 19TH ST STE 100
STREET ADDRESS	Boca Raton FL 33431
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1951 NW 19TH ST STE 100
STREET ADDRESS	Boca Raton FL 33431
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1951 NW 19TH ST STE 100
STREET ADDRESS	Boca Raton FL 33431
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/26/00 (56) 393-9700  
 Date Daytime Phone #

CR2E034 (9/99)