

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012735

1. Entity Name

SOUTHERN PROPERTY SALES & DEVELOPMENT CORPORATION

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90076 016 \*\*\*150.00

Principal Place of Business 100 S W 109TH PLACE MICANOPY FL 32667 US	Mailing Address 4205 N W 61ST TERRACE GAINESVILLE FL 32606-4256 US
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2. Principal Place of Business 2397 S.E. 30TH ST. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State MELROSE, FL	City & State
Zip 32666	Country U.S.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTIN, G. MICHAEL 100 S W 109TH PLACE MICANOPY FL 32667	7. Name and Address of New Registered Agent Name MARTIN, G. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2397 S.E. 30TH ST. City MELROSE FL Zip Code 32666
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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 \_\_\_\_\_ (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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, G MICHAEL 100 S W 109TH PL MICANOPY FL 32667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ARSDALL, JEANNE H 4205 NW 61ST TERRACE GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Michael Martin 4/29/00 (352) 339-2342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)