

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90088 014 ***150.00

DOCUMENT # **P97000047712**

1. Entity Name

Southern Family Homes, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

648 Gerhard + DR

PENSACOLA

3. Mailing Address

648 Gerhard + DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3449422

Applied For

Not Applicable

Zip

32503

Country

ESCAMBIA

Zip

32503

Country

ESCAMBIA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOS. W. HOLLAND, JR

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

648 Gerhard + DR

PENSACOLA, FL

City

FL

Zip Code

32503

**DO NOT WRITE
IN THIS SPACE**

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 relocating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.28

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DAVID C. HOLLAND
648 Gerhard + DR
PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
John D. Holland
648 Gerhard + DR
PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
THOS. W. HOLLAND, JR
648 Gerhard + DR
PENSACOLA, FL 32503

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **THOS W HOLLAND JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (850) 434-1160
Date Daytime Phone #

CR2E034B (12/01)