

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070290

1. Entity Name

SOUTHERN CAPITAL REALTY GROUP, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90048 015 ***150.00

Principal Place of Business

510 BIANCA CT.
 ALTAMONTE SPRINGS FL 32701

Mailing Address

510 BIANCA CT.
 ALTAMONTE SPRINGS FL 32701-6816

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

61 Alafaya Woods Blvd.

Suite, Apt. #, etc.

PMB 188

City & State

Oviedo, FL 32765

Zip

Country

US

4. FEI Number

59-3462542

Applied For

Not Applicable

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

WITTMER, DOUGLAS E
 510 BIANCA CT.
 ALTAMONTE SPRINGS FL 32701

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, 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	D	<input type="checkbox"/> Delete
NAME	WITTMER, DOUGLAS E	
STREET ADDRESS	1024 BARTLETT CT.	
CITY-ST-ZIP	OVIEDO FL 32765	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY K. WITTMER	
STREET ADDRESS	2416 SOUTHERN HILLS CT	
CITY-ST-ZIP	OVIEDO, FLORIDA 32765	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL WITTMER	
STREET ADDRESS	43 FLEURIE	
CITY-ST-ZIP	ST. LOUIS, MO. 63031	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTA WITTMER	
STREET ADDRESS	1510 W. COVINGTON CT	
CITY-ST-ZIP	PEORIA, IL 61614	
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]
 DOUGLAS E. WITTMER

04/26/00

Date

Daytime Phone #

CR2E034 (9/99)