

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90376 048 ***150.00

DOCUMENT # P97000080727

1. Entity Name

MAGNOLIA SOUTH CORP.

Principal Place of Business

17 SOUTH MAGNOLIA AVENUE
ORLANDO FL 32801

Mailing Address

17 SOUTH MAGNOLIA AVENUE
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3468289

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MANTONIS, STEPHEN J
17 S. MAGNOLIA AVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name CLARENCE A. SCHROEDER

Street Address (P.O. Box Number is Not Acceptable)
17 S. MAGNOLIA AVE

City ORLANDO FL Zip Code 32801

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

CLARENCE A. SCHROEDER (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 4/23/01

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, 2001 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 P
NAME MATONIS, STEPHEN J
STREET ADDRESS 17 S. MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE V
NAME SORICIS, MICHAEL S
STREET ADDRESS 17 S. MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE ST
NAME MACDERMOTT, PAUL W
STREET ADDRESS 17 S. MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V
NAME SCHROEDER, CLARENCE A.
STREET ADDRESS 17 S. MAGNOLIA AVE.
CITY-ST-ZIP ORLANDO, FLA. 32801 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, 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 an other like empowered.

SIGNATURE:

CLARENCE A. SCHROEDER (Signature and typed or printed name of signing officer or director) DATE 4/23/01 DAYTIME PHONE # 407-843-3322

CR2E034 (10/00)