

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90082 035 ***150.00

0537028

DOCUMENT # P98000000626

1. Entity Name
CAM SOUTH, INC.

Principal Place of Business
**5800 SABAL TRACE DR
 UNIT 204
 NORTH PORT FL 34287
 US**

Mailing Address
**PO BOX 380822
 MURDOCK FL 33938-0822
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5800 Sabal Trace Drive

3. Mailing Address

Suite, Apt. #, etc.
Unit 1003

Suite, Apt. #, etc.

City & State
North Port, FL

City & State

4. FEI Number **65-0807977**

Applied For
 Not Applicable

Zip **FL 34287**

Country
USA

Zip

Country

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

**BERNTSSON, ROBERT H
 18401 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SCOTT, WILLIAM P
 5800 SABAL TRACE DR UNIT 204
 NORTH PORT FL 34287** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
unit 1003 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SCHOECK, KATHLEEN T
 5800 SABAL TRACE DR UNIT 204
 NORTH PORT FL 34287** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
unit 1003 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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TITLE
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 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 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:

Kathleen T. Schoeck

Kathleen T. Schoeck

3/28/01

(941) 423-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)