

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009903

1. Entity Name

SOUTH VILLAGE, INC.

Principal Place of Business

4647 E. ROBINHOOD TRAIL
SARASOTA FL 34232-2642

Mailing Address

4647 E. ROBINHOOD TRAIL
SARASOTA FL 34232-2642

2. Principal Place of Business

999 Cattlemen Rd Unit F
Sarasota FL 34232-2849
941-342-6687

3. Mailing Address

999 Cattlemen Rd Unit F
Sarasota FL 34232-2849
941-342-6687

Country

Country

4. FEI Number 65-0812754

Applied For
Not Applied For

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

6. Name and Address of Current Registered Agent

PAQUETTE, DENNIS
4647 E. ROBINHOOD TRAIL
SARASOTA FL 34232-2642

7. Name and Address of New Registered Agent

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

TITLE D
NAME PAQUETTE, DENNIS
STREET ADDRESS 4647 E. ROBINHOOD TRAIL
CITY-ST-ZIP SARASOTA FL 34232-2642 ☐ Delete

TITLE D
NAME PHILLIPS, PHILIP L
STREET ADDRESS 4647 E. ROBINHOOD TRAIL
CITY-ST-ZIP SARASOTA FL 34232-2642 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90066 027 ***150.00

00001874



DO NOT WRITE IN THIS SPACE

Paul
1/12/00
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