

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90011 007 \*\*\*158.75

DOCUMENT # P98000010233

1. Entity Name

MCSOUTH CORPORATION

Principal Place of Business

Mailing Address

801 SOUTH PACE BLVD.  
PENSACOLA FL 32501  
US

380 FORT PICKENS ROAD  
PENSACOLA BEACH FL 32561-2012  
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

GENERAL AREA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

4. FEI Number

59-3490110

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHWORTH, EDWARD G

~~801 SOUTH PACE BLVD.~~ 380 FORT PICKENS ROAD  
~~PENSACOLA FL 32501~~ PENSACOLA BEACH, FL 32561

Name

SOUTHWORTH, EDWARD G.

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

380 FORT PICKENS ROAD

City

PENSACOLA BEACH,

FL

Zip Code

32561

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

*E. G. Southworth, PRESIDENT*

01/04/00

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	P	<input type="checkbox"/> Delete
NAME	SOUTHWORTH, EDWARD G	
STREET ADDRESS	380 FORT PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*E. G. Southworth*

01/04/00

Date

850-572-0853

Daytime Phone #