

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018194

1. Entity Name

FILM SOUTH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90210 048 ***150.00

005853



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5 CLIFFORD DR. SHALIMAR FL 32579	P.O. BOX 874 SHALIMAR FL 32579-0874

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3495762	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PERRI, DANIEL C 5 CLIFFORD DR. SHALIMAR FL 32579

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 _____ (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 <input type="checkbox"/> Delete
NAME	GOODFELLOW, RON
STREET ADDRESS	253 COUNTRY CLUB DR.
CITY-ST-ZIP	SHALIMAR FL 32579
TITLE	D <input type="checkbox"/> Delete
NAME	GOODFELLOW, DAVID
STREET ADDRESS	3497 LEE RD. 375
CITY-ST-ZIP	VALLEY AL 36854
TITLE	D <input type="checkbox"/> Delete
NAME	RODIE, JOHN
STREET ADDRESS	4082 DEVONSHIRE DR.
CITY-ST-ZIP	MARIETTA GA 30066
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	238 Lee Rd 265
CITY-ST-ZIP	Cusseta, AL 36852
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	
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:

Ronald Goodfellow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000
Date

850-651-1727
Daytime Phone #

CR2E034 (9/99)