

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91154 010 \*\*\*150.00

**DOCUMENT #** P98000067489

1. Entity Name  
 South Post, Inc.

Principal Place of Business  
 1000 North Hiatus Road  
 Pembroke Pines, FL 33026

Mailing Address  
 1000 North Hiatus Road  
 Pembroke Pines, FL 33026

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 5100 Town Center Circle  
 Suite 330  
 Suite, Apt. #, etc.

City & State  
 Boca Raton, FL

Zip  
 33486

Country  
 USA

768891

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 E.H.G Resident Agents, Inc.  
 5100 Town Center Circle  
 Suite 330  
 Boca Raton, FL 33486

4. FEI Number  
 65-0855354

Applied For  
☐ Not Applied

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

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, 2001 Fee will be \$550.00**  
**Fee Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Miller, Leonard 1000 Hiatus Rd, Ste 100 Pembroke Pines, FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Zimmerman, Howard J 9000 Sheridan St Pembroke Pines, FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cott, Corinne M 1000 N. Hiatus Road, Suite 100 Pembroke Pines, FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Leonard Miller Leonard Miller, 4/26/01 954-431-6100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #