

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90286 001 ***450.00

0041741 AV

DOCUMENT # P99000016565

1. Entity Name

SOUTHGROUP RESIDENTIAL, INC.

Principal Place of Business

**215 DELTA CT.
TALLAHASSEE FL 32303**

Mailing Address

**215 DELTA CT.
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

1401 Owen Park Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102B

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32308

USA

4. FEI Number

59-3573445

Applied For

Not Applicable

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

**PIERCE, ROBERT A
227 S. CALHOUN ST.
TALLAHASSEE FL 32301**

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, 2002 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 **DPST** ☐ Delete
 NAME **DREW, J. EVERITT**
 STREET ADDRESS **215 DELTA CT.**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ Change ☐ Addition
 NAME **1401 Owen Park Dr Suite 102B**
 STREET ADDRESS **Tallahassee FL 32308**
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **DREW, MITCHELL N JR**
 STREET ADDRESS **215 DELTA CT.**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ Change ☐ Addition
 NAME **1400 Owen Park Dr Suite 102B**
 STREET ADDRESS **Tallahassee FL 32308**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

04/05/02 850-386-2600

CR2E034 (9/01)