

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED

Jul 20, 2000 8:00 am  
Secretary of State

07-20-2000 90012 021 \*\*\*400.00  
06-13-2000 90001 041 \*\*\*150.00

DOCUMENT # P99000023020

1. Entity Name

SOUTHLAND SUITES OF MAYO, INC.

*e*

Principal Place of Business

Mailing Address

301 NE MARION STREET  
MADISON FL 32340

301 NE MARION STREET  
MADISON FL 32340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564969

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, WILBURN TURNER JR  
301 NE MARION STREET  
MADISON FL 32340

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DAVIS, WILBURN TURNER JR  
STREET ADDRESS ROUTE 1 BOX 77  
CITY-ST-ZIP GREENVILLE FL 32331 ☐ Delete

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

TITLE V  
NAME NORFLEET, FREDERICK M SR  
STREET ADDRESS 1200 SENTINEL WAY  
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

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

TITLE S  
NAME CULPEPER, ANGELA BLAND  
STREET ADDRESS ROUTE 5 BOX 8180  
CITY-ST-ZIP MADISON FL 32340 ☒ Delete

TITLE S  
NAME Jacob K. Johnson, Jr  
STREET ADDRESS Rt. 4 Box 480  
CITY-ST-ZIP Madison FL 32340 ☒ Change ☐ Addition

TITLE T  
NAME WARING, LUCAS MACRAE  
STREET ADDRESS 105 N HAMILTON DR.  
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

6/8/00

Date

850 668 9109

Daytime Phone #