UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000049634

1. Entity Name

SouthTrail Properties, Inc.



FILED

03 FEB 21 AM 10: 51

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14					SECRETARY OF STAT TALLAHASSEE, FLORII	E DA	
	DO NOT WRITE	: IN IHIS S	PAL	, E			
,2. Principal	Place of Business Summerlin Lakes Dr.	3. Mailing Address			40001296 : 02/21/030106201	14[4	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			U2/21/U3U1062001 **300.00 DO NOT WRITE IN THIS SPACE		
Ste. #		Ste. # 201 City & State		4. FEI Number			
Fort Myers		Fort Myers		650923718		Applied F Not Applie	
Zip 3390	Country USA	33907	USA	<u> </u>	5. Certificate of Status Desired	_ F	8.75 Additional ee Required
				Name	7. Name and Address of Current	Registered /	Agent
DO NOT W		RITE	Savaja Vistorija	James B. McMenamy Street Address (P.O. Box Number is Not Acceptable) 7980 Summerlin Lakes Dr.			
	INTHIS SE	ACE	Part of the same o				
				Ste. # 20'			Zip Code
8. The above	e named entity submits this statement for	r the purpose of changing its	registere	Fort M	VERS ed agent, or both, in the State of Flo	FL rida Lam fan	1 33007
the obligat	tions of registered agent			•	5 . ,		mas with and acc
SIGNATURE	Signature typed of printed name of registered agent a	nd title if applicable. (NOT)	E. Registered	Agent signature required v	when reinstation)	16/0	3
da	igary) < May 1 Fee is \$150,00 After May 1 Fee is \$550,00					DAIL	
Make Check	Amended UBR is \$61.25 Payable to Florida Department of				Selection Campaign Final Trust Fund Contribution		\$5.00 May Added to Fee:
10.	OFFICERS AND (11.2				
TITLE NAME	DV MCMENAMY, JAMES B		TITLE				
STREET ADDRESS (8311 ARBORFIELD COURT FORT MYERS FL 33912		STREE	T ACORESS			
TITLE	DP /		CITY:	SF-ZPL 2006 Allers			
NAME	WIDESTROM, HANS		MAME				
STREET ADDRESS CITY-ST-ZIP	5080 CONDON'S ST PRIOR LAKE MN 55372			TADIORESS ST-ZIP	erin erin erin erin erin erin erin erin		
TITLE	STD		X MILE			2553 656 2020 550	
NAME STREET ADDRESS	RUITER, PHILIP B 454 BASSETA		NAME	ADDRESS			
CITY-ST-ZIP	NEWAYGO MI 49337		T. 1984 ST. 1884	T-20	DO NOT I	NRIT	E
TITLE NAME			inte		IN THIS S	DACI	C
STREET ADDRESS			3 NAME: Street	ADDRESS			
CITY-ST-7IP		· · · · · · · · · · · · · · · · · · ·	cmr-s	T-20°			
NAME			TITLE				
STREET ADDRESS CITY-ST-ZIP			STRET	ADDRESS			
TITLE			CITY-S	1-20°			
AME			NAME				
STREET ADDRESS SITY-ST-ZIP			STREET CITY-S	海上的一个 计数据 自然证明			
12. I hereby ce	ertify that the information supplied with the	is filing does not qualify for t	The state of the state of	A STATE OF THE STA	on 119.07(3)(i), Florida Statutes. I fu	irther certify i	that the informatik

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 direct attachment with an address, with all other like empowered.

Section 119.07(3)(i), Florida Statutes, I further certify that the information 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 10 or on ar

SIGNATURE:~

OFFICER OR DIRECTOR

Z/C/03 Z39689-

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #							
1. Entity Name SouthTrail Properties, Inc.							
	DO NOT WRITE	e in this s	FAC	E			
	Place of Business Summerlin Lakes Dr.	3. Mailing Address	norlin I	akas Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7980 Summerlin Lakes Dr.		DO NOT WRITE IN THIS	SPACE	
Ste. # 201 City & State		Ste. # 201 City & State			4. FEI Number	Applied F	
Zip	Myers Country	Fort Myers	Coun	try	650923718	Not Appli	
3390	7USA	33907	USA		Certificate of Status Desired Status Desired Registere	Fee Required	
				Name	nes B. McMenamy	u Agem	
	DO NOT W	RIJE	44.000 cc	Street Address (F	(P.O. Box Number is Not Acceptable)		
IN THIS SE		AGE		7980 Sun Ste. # 201	nmeriin Lakes Dr.	· · · · · · · · · · · · · · · · · · ·	
				City Fort M		Zip Code	
8. The above	e named entity submits this statement for	or the purpose of changing i	ts registere	d office or registere	ed agent, or both, in the State of Florida. I am f		
SIGNATURE	stions of registered agent	and title if application (NC	OTE: Registered	Agent signature required v	when reinstating) Z/6/0	3	
Make Check	nsally 1 - May 1 Fee le \$150.00 After May 1 Fee le \$550.00 Amended URR le \$61.25 Payable to Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Added to Fee	
TILE	OFFICERS AND	DIRECTORS				A. S. WALLEY	
NAME	MCMENAMY, JAMES B		NAME				
STREET ADDRESS CITY-ST-ZIP	8311 ARBORFIELD COURT FORT MYERS FL 33912		1000	I ADDRESS	and the second of the second o		
TITLE	DP		IIILE				
NAME STREET ADDRESS CITY+ST-ZIP	WIDESTROM, HANS 5080 CONDON'S ST		NAME: STREET	ADDRESS			
TITLE	PRIOR LAKE MN 55372 STD		ime /	-44			
NAME STREET ADDRESS	RUITER, PHILIP B 454 BASSETA		NAME				
CITY-ST-ZIP	NEWAYGO MI 49337		COLA	ADDRESS Total	DO NOT WRI	TE:::::	
TITLE NAME			tite		IN THIS SPACE	E	
STREET ADDRESS			HAME Striee	ADDRESS:			
TITLE			cur-s	1- ZIP			
NAME			TITLE OF				
STREET ADDRESS CITY-ST-ZIP			2 2 2 2 2 2	ADDRESS			
TITLE			crives:				
NAME			NAME.				
STREET ADDRESS CITY-ST-ZIP	•		STREET CITY ST	ADDRESS AP			
12. I hereby ce	ertify that the information supplied with too this report or supplemental report is	his filing does not qualify for	s the even		on 119.07(3)(i), Florida Statutes. I further certif ne legal effect as if made under oath; that I am	y that the informatic	
of the corn	and the state of t	rae ario accurate anu inai n	กรุ อเรูกสเนก	ะ อาณา nave the san	ne legal effect as it made under oath: that I arr	n an officer or direc:	

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 direct of the corporation or the receiver or trustee empowered tolexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on ar attachment with an address, with all other life empowered.

SIGNATURE: ___

TURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

Z/E/03 Z39 689 4848

South Trail Properties, Inc. % Brad Welborn 7910 Sumerlin Lakes Dr. Fort Myers, FL 33907

Request taken by: jsindt 01-21-2003

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314