

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059425

1. Entity Name

STONEHENGE SOUTH, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90085 034 \*\*\*150.00

Principal Place of Business

Mailing Address

~~C/O CUMMINGS & LOCKWOOD~~  
~~3001 NORTH TAMiami TRAIL~~  
~~NAPLES FL 34103~~

~~C/O CUMMINGS & LOCKWOOD~~  
~~3001 NORTH TAMiami TRAIL~~  
~~NAPLES FL 34103-2715~~

2. Principal Place of Business

3. Mailing Address

3001 N. Tamiami Trail

3001 N. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34103

Collier

34103

Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0931449

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

~~CLASP INC.~~  
~~C/O CUMMINGS & LOCKWOOD~~  
~~3001 NORTH TAMiami TRAIL~~  
~~NAPLES FL 34103~~

Name

Joe B. Cox

Street Address (P.O. Box Number is Not Acceptable)

Suite 100

3001 N. Tamiami Trail

City

Naples

FL

Zip Code

34103

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

Joe B. Cox - Joe B. Cox - Secy

3/27/2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIS, GARY  
Suite 100  
C/O CUMMINGS & LOCKWOOD  
NAPLES FL 34103-3001 N. Tamiami Trail

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Naples, FL  
34103  
☐ Delete

TITLE  
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☐ 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:

Joe B. Cox - Joe B. Cox - Secy

3/27/00

4495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)