

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90078 045 ***150.00

0071781

DOCUMENT # P99000086636

1. Entity Name

F.F. SOUTH FLORIDA, INC.

Principal Place of Business

6001 VINELAND RD.
 SUITE 111
 ORLANDO FL 32819

Mailing Address

6001 VINELAND RD.
 SUITE 111
 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

4901 Vineland Avenue

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32811

Orange

6. Name and Address of Current Registered Agent

4. FEI Number **59-3602173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

80044256



F & L CORP.
THE GREENLEAF BLDG., 3RD FLOOR
200 LAURA ST.
JACKSONVILLE FL 32201-0240

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
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D KLING, ROBERT L**
 STREET ADDRESS **7600 DR PHILLIPS BLVD STE 72 New Address**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
 NAME **4901 Vineland Road, Suite 300**
 STREET ADDRESS **Orlando, FL 32811**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 #

4/10/01

CR2E034 (10/00)