

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90559 019 ***150.00

DOCUMENT # P99000086636

1. Entity Name
F.F. SOUTH FLORIDA, INC.

Principal Place of Business

~~4901 VINELAND AVE.~~
~~STE 300~~
~~ORLANDO FL 32811~~

Mailing Address

~~4901 VINELAND AVE.~~
~~STE 300~~
~~ORLANDO FL 32811~~

2. Principal Place of Business

78 W. Church Street
 Suite, Apt. #, etc.
Suite 130

3. Mailing Address

P.O. Box 3149
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32801

Country

USA

Zip

32802

Country

USA

4. FEI Number

59-3602173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **KLING, ROBERT L**
 STREET ADDRESS **4901 VINELAND RD., STE 300**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **78 W. Church Street**
 STREET ADDRESS **Suite 130**
 CITY-ST-ZIP **Orlando FL 32801**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02 **407-316-9920**
 Date Daytime Phone #

CR2E034 (9/01)