

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090807

1. Entity Name

FIRST SOUTH FINANCIAL GROUP, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90327 050 ***150.00

Principal Place of Business Mailing Address
1542 KINGSLEY AVE. #143 1542 KINGSLEY AVE. #143
ORANGE PARK FL 32073 ORANGE PARK FL 32073-4547

2. Principal Place of Business 3. Mailing Address
2141 Lochrane Blvd SA
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orange Park, FL

Zip Country Zip Country
32073 CLAY USA

4. FEI Number Applied For
59-3603123 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KEVERN, NANCY S
404 PERTSHIRE DR.
ORANGE PARK FL 32073

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 Nancy S. Kevern Nancy S. Kevern
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
TITLE PD
NAME ROGERS, RACHEL A
STREET ADDRESS 404 PERTSHIRE DR.
CITY-ST-ZIP ORANGE PARK FL 32073
TITLE SD
NAME KEVERN, NANCY S
STREET ADDRESS 404 PERTSHIRE DR.
CITY-ST-ZIP ORANGE PARK FL 32073
TITLE TD
NAME SIMPSON, CAROL M
STREET ADDRESS 288 DEVONSHIRE LANE
CITY-ST-ZIP ORANGE PARK FL 32073

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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: Nancy S. Kevern NANCY S. KEVERN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)