

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098464

1. Entity Name

SOUTHWIND MANAGEMENT CORPORATION OF FLORIDA, INC

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

05-18-2000 90357 039 ***158.75

Principal Place of Business

Mailing Address

5401 KIRKMAN RD.
 ORLANDO FL 32819

5401 KIRKMAN RD.
 ORLANDO FL 32819-7940

2. Principal Place of Business

5401 KIRKMAN Rd

Suite, Apt. #, etc.

SUITE 740

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

3. Mailing Address

5401 KIRKMAN Rd.

Suite, Apt. #, etc.

SUITE 740

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

JONES, BRIAN M
 20 N. ORANGE AVE., STE. 1000
 ORLANDO FL 32801-4626

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, 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT
 KENNETH E. Taylor
 101 POPE AVENUE
 Hilton Head, SC 29938

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

4/14/00

Date

(407) 226-1388

Daytime Phone #

CR2E034 (9/99)