

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *0900008799*

1. Entity Name

Southern Corporation of Naples

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90075 019 ***150.00

Principal Place of Business
14604 West 83rd Street
Lenexa, Kansas 66215

Mailing Address
14604 West 83rd Street
Lenexa, Kansas 66215

2. Principal Place of Business
5051 Castello Drive

3. Mailing Address
5051 Castello Drive

Suite, Apt. #, etc.
Suite ~~312~~ 212

Suite, Apt. #, etc.
Suite ~~312~~ 212

City & State
Naples, FL

City & State
Naples, FL

Zip
34103

Country
USA

Zip
34103

Country
USA

4. FEI Number
59-3608856

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Intrastate Registered Agent Corporation
701 Brickell Avenue, Suite 3000
Miami, FL 33131

7. Name and Address of New Registered Agent

Name
CLASP INC.

Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail N.

4th Floor

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 *[Signature]* Joel H. Schechter, President 5/15/2000
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D, P, S, T
James E. Atkins
5051 Castello Drive, Suite ~~312~~ 212
Naples, FL 34103

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D, V
Robin L. Atkins
5051 Castello Dr. #212
Naples, FL 34103

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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: *[Signature]* James E. Atkins, President 941-261-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #