

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90156 045 \*\*\*150.00

**DOCUMENT # 142098**

1. Entity Name

**SOUTH END IMPROVEMENT GROUP, INC.**

Principal Place of Business

**16447 SE FEDERAL HWY  
 HOBE SOUND FL 33455  
 US**

Mailing Address

**1001 N US HWY ONE  
~~STE 306~~ STE 306  
 JUPITER FL 33477  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 306**

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **59-0579617**

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

**BULLEN, GEORGE H  
 414 SOUTH BEACH ROAD  
 HOBE SOUND FL 33455**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **BULLEN, GEORGE H**  
 CITY-ST-ZIP **414 SOUTH BEACH ROAD  
 HOBE SOUND FL 33455**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **PETER W. STROH**  
 CITY-ST-ZIP **26 WAVERLY LANE  
 GROSSE POINTE FARMS MI 48236**

TITLE ☒ Delete  
 NAME **V**  
 STREET ADDRESS **WYER, JAMES I**  
 CITY-ST-ZIP **280 S BEACH RD  
 HOBE SOUND FL 33455**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **ED M. DAVIES**  
 CITY-ST-ZIP **432 SOUTH BEACH RD  
 HOBE SOUND FL 33455**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **MATHESON, WILLIAM L**  
 CITY-ST-ZIP **430 SOUTH BEACH ROAD  
 HOBE SOUND FL**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **CATHCART, SILAS S**  
 CITY-ST-ZIP **400 SOUTH BEACH ROAD  
 HOBE SOUND FL 33455**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **ROOK, ALICIA**  
 CITY-ST-ZIP **106 BEAUMONT LANE  
 PALM BCH GRDNS FL**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FIELD, MARSHALL**  
 CITY-ST-ZIP **225 W WACKER DR STE 1500  
 CHICAGO IL**

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 or without other like empowered.

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

Date

Daytime Phone #

CR2E034 (9/01)