

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P38621**

1. Entity Name

**SOUTHEASTERN CAPITAL CORPORATION****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90361 046 \*\*\*150.00

Principal Place of Business

1029 SOUTH 22ND STREET  
BIRMINGHAM AL 35205

Mailing Address

1029 SOUTH 22ND STREET  
BIRMINGHAM AL 35205-2811

00016305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

63-0678357

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May**  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIELD, PETER W.	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELDEN, CHARLES V., III	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SKELLIE, TOMMIE G.	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELDEN, WILLIAM B.	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FIELD, ROBERT C.	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELDEN, CHARLES V., JR	
STREET ADDRESS	2040 HIGHLAND AVENUE	
CITY-ST-ZIP	BIRMINGHAM AL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

1/31/00

205-260-7000

Date

Daytime Phone #