

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90008 045 ***158.75

0062747 AV

DOCUMENT # P93000072718

1. Entity Name

SOUTHEASTERN ARCHEOLOGICAL RESEARCH, INC.

Principal Place of Business

**1211 NW 10TH AVE
 GAINESVILLE FL 32601
 US**

Mailing Address

**P.O. BOX 14776
 GAINESVILLE FL 32604
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3215370

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

STOKES, ANNE V

**2248 NW 5TH AVE PLACE
 GAINESVILLE FL 32608 32603**

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	PSTD	☐ Delete
NAME	STOKES, ANNE V	
STREET ADDRESS	2248 NW 5TH AVE	no longer Secretary
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	V	☐ Delete
NAME	POCHUREK, JAMES	add as Secretary
STREET ADDRESS	P.O. BOX 971	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	V	☐ Delete
NAME	AUSTIN, ROBERT J	
STREET ADDRESS	7224 ALAFIA RIDGE LOOP	
CITY-ST-ZIP	RIVERVIEW FL 33568	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	☒ Change ☐ Addition
NAME	STOKES, ANNE V.	
STREET ADDRESS	2248 NW 5TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32603	
TITLE	VS	☐ Change ☒ Addition
NAME	POCHUREK, JAMES	
STREET ADDRESS	PO Box 971	
CITY-ST-ZIP	CITRA, FL 32113	
TITLE		☒ Change ☐ Addition
NAME	7224 ALAFIA RIDGE LOOP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ANNE V. STOKES, PH.D. 1-8-2002 352-338-1144**

Date

Daytime Phone #

CR2E034 (9/01)