2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # A97000001562

1. Entity Name

SOUTHEAST COMMUNITY DEVELOPMENT, LTD.

Principal Place of Business	Mailing Address
664 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442	664 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442-3023

DO NOT WRITE IN THIS SPACE

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 65-0770168 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HART, BRIAN A
1700 SUN TRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131

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. Capital Contributions as Shown on record.	$9,800.00	10. Amount of Capital Contributions in FLORIDA to date.	$9,800.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P97000045225	STREET ADDRESS	
NAME	SOUTHEAST COMMUNITY PROPERTIES, INC.		600003284436--1
STREET ADDRESS	664 SOUTH MILITARY TRAIL	CITY-ST-ZIP	-06/12/00--01027--003
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		****158.75 ****158.75
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CITY-ST-ZIP			

CR2E004 (1/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED C.M. Bracken, VP 4/26/00 954/419-1013
Southeast Community Properties, Inc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #