

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 176574

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90020 028 ***150.00

00033173

DO NOT WRITE IN THIS SPACE

1. Entity Name

Reeves Southeastern Corporation

Principal Place of Business

9800 Reeves Rd
Tampa FL 33619

Mailing Address

P.O. Box 1968
Tampa FL 33601

2. Principal Place of Business

9800 Reeves Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1968

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-0707254

Applied For

Not Applicable

Zip

Country

33619 USA

Zip

Country

33601 USA

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd
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 Be
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE	President DP	<input checked="" type="checkbox"/> Delete
NAME	Michael A. Angello	
STREET ADDRESS	18006 Clear Lake Dr	
CITY-ST-ZIP	Lutz FL 33549	
TITLE	D Joseph U. Schorer	<input checked="" type="checkbox"/> Delete
NAME	2028 Butternut Lane	
STREET ADDRESS	Northbrook IL 60062	
CITY-ST-ZIP		
TITLE	D Richard Reece	<input checked="" type="checkbox"/> Delete
NAME	116 North Benton	
STREET ADDRESS	Woodstock IL 30098	
CITY-ST-ZIP		
TITLE	VTS M. Scott Meckley	<input checked="" type="checkbox"/> Delete
NAME	2715 W. Setton Avenue	
STREET ADDRESS	Tampa FL 33	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P James W. Bradshaw	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9800 Reeves Rd	
STREET ADDRESS	Tampa FL 33619	
CITY-ST-ZIP		
TITLE	Y Robert C Dumont	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9800 Reeves Rd.	
STREET ADDRESS	Tampa FL 33619	
CITY-ST-ZIP		
TITLE	Y Nick M. Scalamogna	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9800 Reeves Rd	
STREET ADDRESS	Tampa FL 33619	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

James W. Bradshaw President

4/5/00 (813) 626-3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #