

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 253950

1. Entity Name

SOUTHEAST BROACH CO., INC.

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

02-02-2000 90044 035 ***150.00

Principal Place of Business

1420 N. W. 65 AVE.
PLANTATION FL 33313

Mailing Address

1420 N. W. 65 AVE.
PLANTATION FL 33313-4506

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

59-0966902

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

~~MURRAY, JOHN J.~~ BITTING, LESLIE E.
1420 NW 65 AVENUE
PLANATION FL 33313

Name

BITTING, LESLIE E.

Street Address (P.O. Box Number is Not Acceptable)

1420 NW 65TH AVENUE

City

PLANTATION

FL

Zip Code

33313

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BITTING, LESLIE	
STREET ADDRESS	1420 NW 65TH AVENUE	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, JOHN J.	
STREET ADDRESS	1420 NW 65 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCARROLL, RAYMOND A	
STREET ADDRESS	1420 NW 65 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, THOMAS M.	
STREET ADDRESS	1420 NW 65 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, THOMAS R.	
STREET ADDRESS	1420 NW 65 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSSER, JOHN M.	
STREET ADDRESS	1420 NW 65TH AVENUE	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGMAN, JAMES C.	
STREET ADDRESS	1420 NW 65TH AVENUE	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGMAN, PAUL	
STREET ADDRESS	1420 NW 65TH AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

508 754 6824

Daytime Phone #

CR2E034 (9/99)