

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90152 030 ***150.00

DOCUMENT # 488357

1. Entity Name
SOUTHEASTERN MANAGEMENT CENTER, INC.



Principal Place of Business
2164 -15 CIRCLE N
ST. PETERSBURG FL 33713
US

Mailing Address
2164-15 CIRCLE N
ST PETERSBURG FL 33713
US

40030221



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1633473**

Applied For
Not Applicable

Zip Country

Zip Country

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

DEPUGH, YVONNE
2164-15 CIRCLE NORTH
ST. PETERSBURG FL 33713

Name **JAMES M. KNIGHT**
Street Address (P.O. Box Number is Not Acceptable)
5279 VINELAND ROAD
City **ORLANDO** FL Zip Code **32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James M. Knight*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/19/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **DEPUGH, YVONNE E**
STREET ADDRESS **2164 -15 CIRCLE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Yvonne E. DePugh**
STREET ADDRESS **2164 -15 Circle North**
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **CEO** ☒ Delete
NAME **DEPUGH, ROBERT V**
STREET ADDRESS **2164-15 CIRCLE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
NAME **Robert Kirkpatrick, Jr.**
STREET ADDRESS **5702 Kirkpatrick Way**
CITY-ST-ZIP **INDIANAPOLIS, IN 46220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **PATRICK HICKSON**
STREET ADDRESS **5702 KIRKPATRICK WAY**
CITY-ST-ZIP **INDIANAPOLIS, IN 46220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Deborah L Beatty**
STREET ADDRESS **5702 KIRKPATRICK WAY**
CITY-ST-ZIP **INDIANAPOLIS, IN 46220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ROBERT V DEPUGH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/19/03** Daytime Phone #

CR2E034 (10/02)