

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90010 037 ***150.00

DOCUMENT # 552264

1. Entity Name

SOUTHEAST GENETICS, INC.

Principal Place of Business

Mailing Address

7409 ROLLING HILLS RD.
SEBRING FL 33870

7409 ROLLING HILLS RD.
SEBRING FL 33870-8070

608714

2. Principal Place of Business

3. Mailing Address

135 HUNTLEY OAKS BLVD
Suite, Apt. #, etc.

135 HUNTLEY OAKS BLVD
Suite, Apt. #, etc.

City & State

City & State

LAKE PLACID, FL

FL

33852
Zip

HIGHLANDS
Country

33852
Zip

HIGHLANDS
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1789438

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

J. MICHAEL SWAINE
245 S. COMMERCE AVE.
SEBRING FL 33870

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 **PD** ☒ Delete
NAME **BERG, WILLIAM A**
STREET ADDRESS **SPRING LAKE**
CITY-ST-ZIP **SEBRING FL**

TITLE **STD** ☒ Delete
NAME **BERG, VIRGINIA M**
STREET ADDRESS **SPRING LAKE**
CITY-ST-ZIP **SEBRING FL**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Add
NAME **NIEL MATTHEIS**
STREET ADDRESS **135 HUNTLEY OAKS BLVD**
CITY-ST-ZIP **LAKE PLACID FLORIDA 33852**

TITLE **SECRETARY / TREASURER** ☒ Change ☐ Add
NAME **DAMELA MATTHEIS**
STREET ADDRESS **135 HUNTLEY OAKS BLVD**
CITY-ST-ZIP **LAKE PLACID, FLORIDA 33852**

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

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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 empowerments.

SIGNATURE:

DAMELA MATTHEIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 **863 465-6453**
Date Daytime Phone #