

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706247

1. Entity Name

SOUTHEASTERN YEARLY MEETING, RELIGIOUS SOCIETY O

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90071 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1115 NW 40TH DRIVE  
GAINESVILLE FL 32605

1115 NW 40TH DRIVE  
GAINESVILLE FL 32605-4750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

Gainesville, FL

Zip

Country

Zip

Country

32605

Atlanta

32605

Atlanta

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Same

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

Annie McPherson

1-8-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	JENSON, LIT	
STREET ADDRESS	612 ARDMORE	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	T/TR	<input type="checkbox"/> Delete
NAME	HAIGH, HERBERT	
STREET ADDRESS	651 6TH AVE. N.	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCPHERSON, ANNIE	
STREET ADDRESS	1115 NW 40TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LEPKE, JOHN	
STREET ADDRESS	1100 S.W. 25 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ANGELL, STEVE	
STREET ADDRESS	1303 MOUNTBATTEN RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YOUIM, CECILIA	
STREET ADDRESS	5023 E 110 AVE	
CITY-ST-ZIP	TAMPA FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman Trustees TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Mimi McAdoo	
STREET ADDRESS	4055 Prado Drive	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Gary Arthur	
STREET ADDRESS	1232 N. Palmway Lake Wales	
CITY-ST-ZIP	FL 33311	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Steve Angell	
STREET ADDRESS	1303 Mountbatten Rd	
CITY-ST-ZIP	Tallahassee FL 32301	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Annie McPherson

1-8-2000

352-336-7681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #