

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734336

1. Entity Name

SOUTHEAST SEMINOLE CIVIC ASSOCIATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90031 050 ****61.25

Principal Place of Business

Mailing Address

PO BOX 660627
CHULUOTA FL 32766-0627
US

PO BOX 660627
CHULUOTA FL 32766-0627
US

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

59-2876523

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

CORTES, JEAN A
270 CLEARVIEW ROAD
CHULUOTA FL 32766

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME PELFREY, MICHAEL
STREET ADDRESS 809 SNOW QUEEN DR.
CITY-ST-ZIP CHULUOTA FL 32766

TITLE PD ☒ Change ☐ Addition
NAME PELFREY, MICHAEL
STREET ADDRESS 809 SNOW QUEEN DR.
CITY-ST-ZIP CHULUOTA, FL 32766

TITLE PD ☒ Delete
NAME HEINKEL, RICHARD
STREET ADDRESS 324 KIWANIS CIRCLE
CITY-ST-ZIP CHULUOTA FL 32766

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

TITLE TD ☐ Delete
NAME CORTES, JEAN
STREET ADDRESS 270 CLEARVIEW RD
CITY-ST-ZIP CHULUOTA FL

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

TITLE D ☐ Delete
NAME VALIN JAMES
STREET ADDRESS PO BOX 660337 N/A
CITY-ST-ZIP CHULUOTA FL 32766

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

TITLE SD ☐ Delete
NAME TENEKEDES, BECKY
STREET ADDRESS 327 KIWANIS CIR
CITY-ST-ZIP CHULUOTA FL 32766

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

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 617, 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:

Jean A. Cortes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean A. Cortes, Treas. 4/24/00 (407) 365-7372

Date

Daytime Phone #

CR2E037 (9/99)