

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90120 028 ****61.25

DOCUMENT # 751905

1. Entity Name

SOUTHEASTERN CULTURED MARBLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

202 SW OAKRIDGE DR.
PORT ST. LUCIE FL 34984

202 SW OAKRIDGE DR.
PORT ST. LUCIE FL 34984-4335

A0000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

HUYSMAN, MICHEL, ESQ.
2000 S. DIXIE HIGHWAY
SUITE 101
MIAMI FL 33133

Name

JAMES WHITE

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

2205 FORSYTH ROAD

City

ORLANDO

FL

Zip Code

32807

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	D	<input type="checkbox"/> Delete
NAME	DESTEFANO, IRENE J	
STREET ADDRESS	202 SW OAKRIDGE DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZEIGLER, JOE	
STREET ADDRESS	6414 126TH AVENUE, NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEMBERTON, NEIL	
STREET ADDRESS	1106 W CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GUERTIN, RON	
STREET ADDRESS	1657 W UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DORSEY, DAVID	
STREET ADDRESS	5010 N COOLIDGE AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zeigler, Joe	
STREET ADDRESS	6414 126th Ave.	
CITY-ST-ZIP	Largo FL 33773	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pasalodos, Toby	
STREET ADDRESS	1466 Railhead Blvd.	
CITY-ST-ZIP	Naples FL 34110	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, James	
STREET ADDRESS	2205 Forsyth Road	
CITY-ST-ZIP	Orlando FL 32807	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorsey, David	
STREET ADDRESS	5010 N. Coolidge Ave.	
CITY-ST-ZIP	Tampa FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

(813) 877-7591

CR2E037 (9/99)