

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90343 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 751905**

1. Entity Name  
**SOUTHEASTERN CULTURED MARBLE ASSOCIATION, INC.**

Principal Place of Business <b>202 SW OAKRIDGE DR.          PORT ST. LUCIE FL 34984</b>	Mailing Address <b>202 SW OAKRIDGE DR.          PORT ST. LUCIE FL 34984</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**DORSEY, DAVID  
 5010 N COOLIDGE AVENUE  
 TAMPA FL 33614**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DESTEFANO, IRENE J</b>	
STREET ADDRESS	<b>202 SW OAKRIDGE DR</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34984</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZEIGLER, JOE</b>	
STREET ADDRESS	<b>10990 49TH STREET NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BOST, HARLAN</b>	
STREET ADDRESS	<b>4566 ST. AUGUSTINE ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>O'MALLEY, MIKE</b>	
STREET ADDRESS	<b>3715 FRONTAGE ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DORSEY, DAVID</b>	
STREET ADDRESS	<b>5010 N COOLIDGE AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEMBERTON, NEIL</b>	
STREET ADDRESS	<b>1106 W. Central Blvd.</b>	
CITY-ST-ZIP	<b>Orlando FL 32805</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOST, HARLAN</b>	
STREET ADDRESS	<b>4566 St. Augustine Road</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32207</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 David Dorsey* **4/29/2002** **(813) 871-2591**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/01)