

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90116 005 \*\*\*\*61.25

**DOCUMENT # 751905**

1. Entity Name

**SOUTHEASTERN CULTURED MARBLE ASSOCIATION, INC.**



Principal Place of Business

202 SW OAKRIDGE DR.  
PORT ST. LUCIE FL 34984

Mailing Address

202 SW OAKRIDGE DR.  
PORT ST. LUCIE FL 34984

2. Principal Place of Business

19424 WEYMOUTH DRIVE

3. Mailing Address

19424 WEYMOUTH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAND O LAKES FL

City & State

LAND O LAKES FL

Zip

34639

Country

PASCO

Zip

34639

Country

PASCO

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

DAVID DORSEY

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

19424 WEYMOUTH DRIVE

City

LAND O LAKES

FL

Zip Code

34639

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*David Dorsey*

DAVID DORSEY

6/5/2003

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **DESTEFANO, IRENE J**  
STREET ADDRESS **202 SW OAKRIDGE DR**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE **VD** ☐ Delete  
NAME **PEMBERTON, NEIL**  
STREET ADDRESS **1106 W CENTRAL BLVD**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **PD** ☐ Delete  
NAME **BOST, HARLAN**  
STREET ADDRESS **4566 ST. AUGUSTINE ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☐ Delete  
NAME **O'MALLEY, MIKE**  
STREET ADDRESS **3715 FRONTAGE ROAD**  
CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE **TD** ☐ Delete  
NAME **DORSEY, DAVID**  
STREET ADDRESS **5010 N COOLIDGE AVENUE**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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: *DAVID DORSEY* **DAVID DORSEY** 6/5/2003 (813) 877-7591

CR2E037 (10/02)