

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A06805**

1. Entity Name

SOUTHEAST BUILDINGS LTD.

FILED

00 FEB -7 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O W.J. WEGMAN, JR.
8001 N. DALE MABRY #101-A
TAMPA FL

Mailing Address

C/O W.J. WEGMAN, JR.
8001 N. DALE MABRY #101-A
TAMPA FL 33614-3262

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1889543**

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

PHILLIPS, GEORGE W.

**14502 N. DALE MABRY #200
TAMPA FL 33618**

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

9. Capital Contributions as Shown on record.

\$18,251.98

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.

GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT # **675439**
NAME **WEGMAN ASSOCIATES, INC.**
STREET ADDRESS **8001 N. DALE MABRY HWY STE 101-A**
CITY - ST - ZIP **TAMPA FL 33614**

STREET ADDRESS

CITY - ST - ZIP

900003130259-0
-02/09/00--01093--024
******225.26 ****225.26**

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

W. J. WEGMAN

2-2-2000

Date

813 933-7418

Daytime Phone #

CR2E003 (9/99)