

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001562**

1. Entity Name

SOUTHEAST COMMUNITY DEVELOPMENT, LTD.

FILED

02 MAY -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**664 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442**

Mailing Address

**664 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

2336 S. East Ocean Blvd.

3. Mailing Address

2336 S. East Ocean Blvd.

Suite, Apt. #, etc.

#366

Suite, Apt. #, etc.

#366

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-0770168

Applied For

Not Applicable

DUE BY MAY 1, 2002

Zip

34996

Country

US

Zip

34996

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, BRIAN A

1700 SUN TRUST INTERNATIONAL CENTER

ONE SOUTHEAST THIRD AVENUE

MIAMI FL 33131

Name

Same

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

Adorno & Zeder, P.A.

2601 S. Bayshore Drive, Ste 1600

City

FL

Zip Code

33133

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record.

\$9,800.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$9,800.00

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

DOCUMENT # **P97000045225**
NAME **SOUTHEAST COMMUNITY PROPERTIES, INC.**
STREET ADDRESS **664 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2336 S. East Ocean Blvd., #366**
CITY-ST-ZIP **Stuart, FL 34996**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

000005506890--2
-05/13/02--01086--003
******158.75 ****158.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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: *Gerald F. Blake* **Gerald F. Blake**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02 772-463-1009
Date Daytime Phone

CR2E003 (9/01)