


2001 UNIFORM BUSINESS REPORT (UBR)

0019789 AB

DOCUMENT # A97000002256

1. Entity Name
SOUTHEAST LEGAL COPY, LTD.

FILED
01 JAN 29 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8 OAKHILL DRIVE
NEWMAN GA 30263**

Mailing Address
**8 OAKHILL DRIVE
NEWMAN GA 30263**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **58-2350857**
Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**KORAN, DAVID L
6 EAST BAY STREET
JACKSONVILLE FL 32202**

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.

9. Capital Contributions as Shown on record. **\$100.00**

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 # **F97000005392**
NAME **RDC MANAGEMENT, INC.**
STREET ADDRESS **8 OAKHILL DRIVE**
CITY-ST-ZIP **NEWMAN GA 30263**

STREET ADDRESS
CITY-ST-ZIP **500003630835--6**

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STREET ADDRESS
CITY-ST-ZIP

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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: David Koran **DAVID KORAN** 1-23-01 770-251-3367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)