

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F18795

1. Entity Name

SOUTHEAST CATTLE COMPANY, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90059 039 ***158.75

Principal Place of Business

20855 SW 36TH ST
WESTON FL 33332
US

Mailing Address

P. O. BOX 820010
P. O. BOX 820010
SOUTH FLORIDA FL 33082-7010
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 820010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SOUTH FLORIDA, FL

4. FEI Number 59-2114977

Applied For
Not Applicable

Zip

Country

Zip

Country

33082-0010

US

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

WEEKLEY, WAYNE D
20855 SW 36TH ST
WESTON FL 33332

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WEEKLEY, TROY L
STREET ADDRESS 4931 SW 198TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE D
NAME WEEKLEY, DANIEL
STREET ADDRESS 5321 SW 199 TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33332 ☐ Delete

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

TITLE DS
NAME WEEKLEY, WAYNE D
STREET ADDRESS 4840 S.W. 188TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33332 ☐ Delete

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

TITLE P
NAME PARRISH, DONALD
STREET ADDRESS 12761 SW 15TH MANOR
CITY-ST-ZIP DAVIE, FL 00000 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Wayne D. Weekley, Sec./Treas.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01

Date

(954) 389-5311

Daytime Phone #

CR2E034 (10/00)

0494277