

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003092

1. Entity Name

THE FINANCIAL GROUP SOUTHEAST INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90391 040 ***150.00

Principal Place of Business

2 CLINTON SQ., SUITE 160
THE ATRIUM
SYRACUSE NY 13202

Mailing Address

2 CLINTON SQ., SUITE 160
THE ATRIUM
SYRACUSE NY 13202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1494867**

Applied For

Not Applicable

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

NICOLLI, RONALD
2060 NORTH WEST BOCA RATON BLVD.
#4
BOCA RATON FL 33431

Name

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

#5

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 *Ronald Nicelli*
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	PD	<input type="checkbox"/> Delete
NAME	NICOLLI, RONALD	
STREET ADDRESS	135 SUNHARBOR DRIVE	
CITY-ST-ZIP	LIVERPOOL NY 13088	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIRACUSA, JOSEPH	
STREET ADDRESS	2001 JAMES STREET	
CITY-ST-ZIP	SYRACUSE NY 13206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *Ronald Nicelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Nicelli

president

1/05/01

Date

315-424-0116

Daytime Phone #

CR2E034 (10/00)