

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00567

1. Entity Name

MADER SOUTHEAST, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90254 041 ***150.00

Principal Place of Business

Mailing Address

801 MARSHALL FARMS ROAD
OC0EE FL 34761

801 MARSHALL FARMS ROAD
OC0EE FL 34761-3316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2415354

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

RAILEY, LILBURN R., ESQ.
255 S ORANGE AVE STE 850
FIRSTSTATE TOWER
ORLANDO FL 32801

Name

RAILEY, LILBURN R., ESQ.

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

20 N. EOLA DRIVE

City

ORLANDO

FL

Zip Code
32801

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.

ADDRESS CHANGE ONLY

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, 2000 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 ☐ Delete
NAME S
STREET ADDRESS JOHNSON, JEAN
CITY-ST-ZIP 801 MARSHALL FARMS ROAD
OC0EE FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS JOHNSON, THOMAS M.
CITY-ST-ZIP 801 MARSHALL FARMS ROAD
OC0EE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSON, THOMAS M JR
CITY-ST-ZIP 801 MASHALL FARMS ROAD
OC0EE FL

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS MOREHEAD, JAMES
CITY-ST-ZIP 801 MARSHALL FARMS ROAD
OC0EE FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS CODDINGTON, JAMES C
CITY-ST-ZIP 801 MARSHALL FARMS ROAD
OC0EE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. JOHNSON

2/25/00

Date

(407)877-8818

Daytime Phone #

CR2E034 (9/99)