

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H93316

1. Entity Name

SOUTHEAST SERVICES ORGANIZATION, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90181 010 \*\*\*150.00

Principal Place of Business

Mailing Address

790 PARK OF COMMERCE BLVD  
BOX 810908  
BOCA RATON FL 33481-0908

790 PARK OF COMMERCE BOULEVARD  
P.O. BOX 810908  
BOCA RATON FL 33481-0908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOZOFF, MICHAEL D. ESQUIRE  
HERZFELD & RUBIN  
801 BRICKELL AVENUE, STE. 1501  
MIAMI FL 33131

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	WINBORN, JAMES E.	1291 SW 8TH STREET	BOCA RATON FL	<input type="checkbox"/>
T	SCARBOROUGH, WILLIAM C	9540 SILVERSPRING LN	BOCA RATON FL	<input type="checkbox"/>
S	VALCOURT, CAMIL R.	1271 NW 13TH ST APT 362	BOCA RATON FL	<input type="checkbox"/>
D	MCCANTS, LARY B.	122 MILESTONE WAY	WEST PALM BEACH FL	<input type="checkbox"/>
P	HUGHES, BARRY L	3313 SHERWOOD BLVD	DELRAY BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Donald L. Lee	11910 Glenmore Drive	Coral Springs, FL 33071	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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  
Barry L. Hughes, President

Date

Daytime Phone #

2/18/2000 561-982-4711

CR2E034 (9/99)