

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90083 004 ***150.00

DOCUMENT # H93316

1. Entity Name

SOUTHEAST SERVICES ORGANIZATION, INC.

Principal Place of Business

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

Mailing Address

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

D0005397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2628212**

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

**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, 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 **C** ☐ Delete
NAME **WINBORN, JAMES E.**
STREET ADDRESS **1291 SW 8TH STREET**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **T** ☐ Delete
NAME **SCARBOROUGH, WILLIAM C**
STREET ADDRESS **9540 SILVERSPRING LN**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10619 MAPLE CHASE DRIVE**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE **S** ☐ Delete
NAME **VALCOURT, CAMIL R**
STREET ADDRESS **1271 NW 13TH ST APT 362**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **D** ☐ Delete
NAME **MCCANTS, LARY B.**
STREET ADDRESS **122 MILESTONE WAY**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **P** ☐ Delete
NAME **HUGHES, BARRY L**
STREET ADDRESS **3313 SHERWOOD BLVD**
CITY-ST-ZIP **DELRAY BCH FL**

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

TITLE **D** ☐ Delete
NAME **LEE, DONALD L**
STREET ADDRESS **11910 GLENMORE DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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:

Barry L Hughes
BARRY L. HUGHES

1/8/01

982-4711
982-4702

Date

Daytime Phone #

CR2E034 (10/00)

0513582