

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90067 018 \*\*\*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**

**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** **59-2628212**

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**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** **33486 - 8401**

**TITLE** ☐ Delete  
**T**  
**NAME** **SCARBOROUGH, WILLIAM C**  
**STREET ADDRESS** **10619 MAPLE CHASE DRIVE**  
**CITY-ST-ZIP** **BOCA RATON FL**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** **33498**

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

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** **33486**

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

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** **33415 - 2465**

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

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** **33445 - 6184**

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

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** **33071**

**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/02**

Date

**982-4711**  
**982-4702**

Daytime Phone #

CR2E034 (9/01)