

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90104 039 *****50.00

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DOCUMENT # L01000017980

1. Entity Name

SOUTHEAST CAPITAL ADVISORS, LLC



Principal Place of Business

5585 MIDNIGHT PASS ROAD
SUITE 718
SARASOTA FL 34242

Mailing Address

5585 MIDNIGHT PASS ROAD
SUITE 718
SARASOTA FL 34242

2. Principal Place of Business

3398 FRUITVILLE RD

3. Mailing Address

3398 FRUITVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34237

Country

Zip

34237

Country

4. FEI Number 65-1040151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SEABORNE, ARTHUR R
5585 MIDNIGHT PASS ROAD
SUITE 718
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name: ARTHUR R SEABORNE

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

3398 FRUITVILLE RD.

City

SARASOTA

FL

Zip Code

34237

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/17/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SEABORNE, ARTHUR R
STREET ADDRESS 5585 MIDNIGHT PASS RD. SUITE 718
CITY-ST-ZIP SARASOTA FL 34242

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE ARTHUR R SEABORNE
NAME
STREET ADDRESS 3398 FRUITVILLE RD.
CITY-ST-ZIP SARASOTA, FL. 34237

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)