

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21219

1. Entity Name

SOUTHEASTERN RETAIL PROPERTIES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90805 001 ***450.00

Principal Place of Business	Mailing Address
C/O RETO J. SCHNEIDER 1777 NORTHEAST EXPRESSWAY SUITE 145 ATLANTA GA 30329 US	C/O RETO J. SCHNEIDER 1777 NORTHEAST EXPRESSWAY SUITE 145 ATLANTA GA 30329-2440 US

2. Principal Place of Business	3. Mailing Address
3340 Peachtree Road.	3340 Peachtree Road

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#1500	#1500

City & State	City & State
Atlanta, GA	Atlanta, GA

Zip	Country	Zip	Country
30326	USA	30326	USA

4. FEI Number **59-2988471**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, RETO J.
8130 BAYMEADOWS WAY W #302
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7400 Baymeadows Way, Suite 107

City **Jacksonville** **FL** Zip Code **32256**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SCHNEIDER, RETO J.	8130 BAYMEADOWS WAY W.	JACKSONVILLE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VS	SULZBACHER, WILLIAM M	8130 BAYMEADOWS WAY W	JACKSONVILLE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP	KOLEOS, DAVID J	1777 N.E. EXPRESSWAY	ATLANTA GA	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

5/1/00

678-686-6778

Date

Daytime Phone #