

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90067 031 \*\*\*150.00

**DOCUMENT # L30263**

1. Entity Name

**SOUTHEASTERN COLLECTIONS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 2638  
SARASOTA FL 34230P.O. BOX 2638  
SARASOTA FL 34230-1238**920220**

2. Principal Place of Business

1900 Ringling Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

1900 Ringling Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Sarasota, FL

City &amp; State

Sarasota FL

4. FEI Number

65-0162808

Applied For

Not Applicable

Zip

34236

Country

Sarasota

Zip

34236

Country

Sarasota

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

6. Name and Address of Current Registered Agent

MESHAD, JOHN W.  
1900 RINGLING BLVD  
SUITE 1100  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SYPRETT, JIM D.	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RESNICK, MICHAEL L	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUMBAUGH, JOHN D	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AV	<input type="checkbox"/> Delete
NAME	LIEB, M. JOSEPH	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESHAD, JOHN W.	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, TERESA D	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)