

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000001008

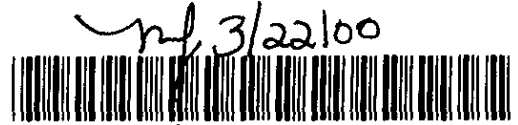
1. Entity Name
SOUTHEAST U.S.A., L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:32

Principal Place of Business
3040 ESTERO BLVD.
FORT MYERS BEACH FL 33931

Mailing Address
3040 ESTERO BLVD.
FORT MYERS BEACH FL 33931-3610



2. Principal Place of Business

3. Mailing Address

P.O. Box 6078

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL Myers Beach, FL

Zip

Country

Zip

Country

33932

4. FEI Number

65-0631580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUTLER, GAREY F ESQ.
HUMPHREY & KNOTT, P.A
1625 HENDRY STREET, SUITE 301
FORT MYERS FL 33901

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM SCIALDONE, ANTHONY
STREET ADDRESS 18171 PELICAN BAY DR.
CITY-ST-ZIP FORT MYERS BEACH FL ☐ Delete

TITLE NAME MGRM RUSSO, ALFREDO
STREET ADDRESS 18166 DEEP PASSAGE LANE
CITY-ST-ZIP FORT MYERS BEACH FL ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 6078
CITY-ST-ZIP FL Myers Beach, FL 33932

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 6078
CITY-ST-ZIP FL Myers Beach, FL 33932

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 5000003191205--0
CITY-ST-ZIP -03/31/00--01064--004
*****50.00 *****50.00

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

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

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

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:

Alfred Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-14-00

Date

(941) 463-2600

Daytime Phone #

CR2E083 (9/99)