

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000245**

1. Entity Name

FIRST NATIONAL ACCEPTANCE-SOUTHEAST, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 PM 12:34

Principal Place of Business

241 EAST SAGINAW #500
EAST LANSING MI 48823

Mailing Address

P.O. BOX 4010
EAST LANSING MI 48826-4010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546820

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Jason Pratt

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

129 S. Kentucky #502

City

Lakeland

FL

Zip Code

33801

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

JASON PRATT

1-31-00

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 **MGR** Delete
NAME **FIVE SQUARE MANAGEMENT, INC.**
STREET ADDRESS **P.O. BOX 4010**
CITY- ST- ZIP **EAST LANSING MI 48826**

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

rf 3/7/00

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

500003164925

-03/10/00--01010 Change Addition
*******50.00 *****50.00**

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Amy A. Racimarczyk - Treasurer of Manager

1-20-00

Date

(517)339-6830

Daytime Phone #

CR2E083 (9/99)