

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000245**

1. Entity Name  
**FIRST NATIONAL ACCEPTANCE-SOUTHEAST, L.C.**

Principal Place of Business  
**241 EAST SAGINAW #500  
EAST LANSING MI 48823**

Mailing Address  
**P.O. BOX 4010  
EAST LANSING MI 48826**

AND  
FILED  
01 APR -2 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

7. Name and Address of New Registered Agent

**PRATT, JASON  
129 S. KENTUCKY, #502  
LAKELAND FL 33801**

Name  
**Corporation Service Company**

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

**1201 Hays Street**

City **Tallahassee**

FL

Zip Code **32301**

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 *Patricia Piquero*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-2-01**

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

**300003961703--7  
-04/05/01--01036--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

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

TITLE  
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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: *Greg Algranovsk* - Treas. of MANAGER

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

**3-10-01 (517) 336-7617**

Date Daytime Phone #

CR2E083 (11/00)