

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** L99000003323

**1. Entity Name**  
SOUTHERN ENVIRONMENTAL LANDS, L.C.

FILED  
00 MAR 24 PM 3:49  
4/4

**Principal Place of Business**  
393 WHOOPING LOOP, SUITE 1405  
ALTAMONTE SPRINGS FL 32701

**Mailing Address**  
393 WHOOPING LOOP, SUITE 1405  
ALTAMONTE SPRINGS FL 32701-3444

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**2. Principal Place of Business**  
393 Center Pointe Cir.  
Suite, Apt. #, etc. STE 1405

**3. Mailing Address**  
393 Center Pointe Cir  
Suite, Apt. #, etc. STE 1405

**City & State**  
Altamonte Springs, FL

**Zip**  
32701

**Country**  
USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
59-3591272

☒ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
BRADOW, STUART N  
393 WHOOPING LOOP, SUITE 1405  
ALTAMONTE SPRINGS FL 32701

**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**

<b>TITLE</b> MGRM	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b> BRADOW, STUART N	
<b>STREET ADDRESS</b> 393 WHOOPING LOOP, SUITE 1405	
<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS FL 32701	
<b>TITLE</b> MGRM	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b> ATKINS, JOHN N	
<b>STREET ADDRESS</b> 393 WHOOPING LOOP, SUITE 1405	
<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS FL 32701	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**10. ADDITIONS / CHANGES**

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

**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:** **REQUIRED**

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

**Date** 3/20/00 **Daytime Phone #** (407) 260-5951

CR2E083 (9/99)