

2000 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 2000-01

DOCUMENT # L99000005371

1. Entity Name

FM ENTERPRISES SOUTHEAST, L.L.C.

FILED

01 JAN 16 PM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5347 MAIN ST., SUITE 100
NEW PORT RICHEY FL 34652

Mailing Address

5347 MAIN ST., SUITE 100
NEW PORT RICHEY FL 34652

2. Principal Place of Business

10 Wilson Street

3. Mailing Address

10 Wilson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

4. FEI Number

59-3594762
62402-2206902613

Applied For

Not Applicable

Zip

34698

Country

Zip

34698

Country

Pinellas

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQUIRE
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

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

800003603008--0

-01/30/01--01138--003

****200.00****200.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
STREET ADDRESS HAUBER, FREDERICK A M.D.
CITY-ST-ZIP 5347 MAIN ST., SUITE 100
NEW PORT RICHEY FL 34652 ☐ 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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

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

12-14-00

Date

(727) 738-5009

Daytime Phone #

CR2E083 (5/00)