

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007321

1. Entity Name
SOUTHERN ENTERPRISE GROUP, LLC

Principal Place of Business
403 HIGHWAY A-1-A, #223
SATELLITE BEACH FL 32937-2313

Mailing Address
403 HIGHWAY A-1-A, #223
SATELLITE BEACH FL 32937-2313

2. Principal Place of Business

3. Mailing Address

P.O. Box 2603

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SATELLITE BEACH, FL

Zip

Country

Zip

Country

32937-2603 BREVARD

FILED

00 MAR 27 PM 2:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3608787

Applied For

Not Applicable

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

CUSHING, KERRY B.M.
403 HIGHWAY A-1-A, #223
SATELLITE BEACH FL 32937-2313

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
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CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

MANAGING PARTNER
SIBEL T. CUSHING
403 Hwy A-1-A, #223 SATELLITE BEACH FL 32937

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PARTNER
TACK SEXTON
11801 WASHINGTON ST. # 105
NORTHGLENN, CO 80233

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DIRECTOR
KERRY BM Cushing
403 Hwy A-1-A, #223
SATELLITE BEACH, FL 32937

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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: X

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

Date

Daytime Phone #

25 FEB 00 321-777-8100

CR2E083 (9/99)