

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008219

1. Entity Name

SOUTHEAST FUNDING GROUP, LLC

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90133 014 ****50.00

954536



DO NOT WRITE IN THIS SPACE

Principal Place of Business

118 WEST ORANGE STREET, SUITE 900
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET, SUITE 900
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

NO. Suite

Suite, Apt. #, etc.

NO. Suite

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3612624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, INGRID
118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Russell Goldberg

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

118 West Orange Street

City

Altamonte Springs FL

Zip Code

32714

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)

2/18/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM GOLDBERG, INGRID ☒ Delete
STREET ADDRESS 118 WEST ORANGE STREET, SUITE 900
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE NAME Russell Goldberg ☒ Change ☐ Addition
STREET ADDRESS 118 West Orange Street
CITY-ST-ZIP Altamonte Springs FL 32714

TITLE NAME ST GOLDBERG, INGRID ☒ Delete
STREET ADDRESS 118 WEST ORANGE STREET, SUITE 900
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE NAME Kyle H. Kelley ☒ Change ☐ Addition
STREET ADDRESS 118 West Orange Street
CITY-ST-ZIP Altamonte Springs FL 32714

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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

2/18/02

407 869-4442

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

Date

Daytime Phone #

CR2E083 (9/01)