

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009013

1. Entity Name

SOUTHEASTERN INVESTMENT PARTNERS ONE, LLC

Principal Place of Business

1220 MARSH COVE LANE
PONTE VEDRA BEACH FL 32082

Mailing Address

1220 MARSH COVE LANE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

200 EXECUTIVE WAY
SUITE 210
City & State

3. Mailing Address

200 EXECUTIVE WAY
SUITE 210
City & State

Zip

Country

Zip

Country

4. FEI Number

58-2521634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENELON, CURT

800 IRONWOOD DRIVE SUITE 022
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

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

200 EXECUTIVE WAY, SUITE 210
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

CURT FENELON

Curt Fenelon

9/20/01

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM FENELON, CURT 1220 MARSH COVE LANE PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM ROCHOW, DON 4340 TOWN COMMONS CIR. ATLANTA GA 30319 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
200004616262--2

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
-09/28/01--010400-021
*****50.00 *****50.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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:

Curt Fenelon

SIGNATURE REQUIRED

9/20/01

Daytime Phone #

280-2235

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

Date

Daytime Phone #

0000957

CR2E083 (5/01)

STAPLE CHECK HERE