

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M26665

1. Entity Name

GEERLINGS SOUTHEAST, INC.

Principal Place of Business

19901 SW 248TH ST.  
HOMESTEAD FL 33031

Mailing Address

19901 SW 248TH ST.  
HOMESTEAD FL 33031

2. Principal Place of Business

3. Mailing Address

P.O. Box 924114

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PRINCETON, FLORIDA

Zip

Country

Zip

Country

33092-4114

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN OOSTEN, MARIA C.  
GEERLINGS SOUTHEAST INC.  
19901 S.W. 248TH STREET  
HOMESTEAD FL 33031

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
P  
JANSEN, PETER R.  
STREET ADDRESS 496 WILLIAM ST.  
CITY-ST-ZIP PISCATAWAY NJ 08854

TITLE NAME ☐ Delete  
S  
JANSEN, MARIA E.  
STREET ADDRESS 496 WILLIAM ST.  
CITY-ST-ZIP PISCATAWAY NJ 08854

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 ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600003419506--9  
CITY-ST-ZIP -10/09/00--01071--023  
\*\*\*\*750.00 \*\*\*\*750.00

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

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-0 305-245-0500  
Date Daytime Phone #

FILED

00 SEP 28 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2619220 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (5/00)