## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # M75983** 1. Entity Name

## F M SOUTHEAST, INC.

Principal Place of Business

Mailing Address

- KING OF PRUSSIA ROAD PA 19087

250 KING OF PRUSSIA ROAD RADNOR PA 19087-5220

|   |   |                      |   |  |   | 1881 81118 18181 1818 1 1111 <b>8</b>   | (8)( 8(8)) 8(8)) 8(8)) <b>8</b> (8) | <b>                                    </b> |        |
|---|---|----------------------|---|--|---|---|-------------------------------------|---|--------|
| 2. Principal Place of Business                    |   | 3. Mailing Address   | 3. Mailing Address                      |  |   |   |                                     |   |        |
| Suite, Apt. #, etc.                               |   | Suite, Apt. #, etc.  | Suite, Apt. #, etc.                     |  |   | DO NOT WRITE IN                         | I THIS SPACE                        |   |        |
| City & State                                      |   | City & State         | City & State                            |  | 4. FEI Number 23-2510510  |   |                                     | pplied For<br>ot Applicable                 |        |
| Zip   | Country   | Zip                  | Country                                 | 5.   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |   |                                     |   |        |
| <u>,                                      </u>    | 6. Name and Address of Curr   | ent Registered Agent | jistered Agent                          |  | 7. Name and Address of New Registered Agent                       |   |                                     |   |        |
|   |   |                      | Nan                                     | ne   | <u> </u>  |   | <del></del>                         |   | ĺ      |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD |   |                      |   | Street Address (P.O. Box Number is Not Acceptable) |   |   |                                     |   |        |
| PLAN  | ITATION FL 33324  |                      | City                                    |  |   |   | FL Zip Co                           | de  |        |
| 8. The above                                      | named entity submits this statement |                      |   | e or registered ag                                 |   | in the State of Florida                 |                                     |   | للبارة |
| O This some                                       | oration is eligible to satisfy its Intang   | V!!! FEE IS \$1      | 50.00                                   |  |   |   |                                     |   |        |
| Tax filing r                                      | equirement and elects to do so.   |                      | After MAY 1, 2000 Fee will be \$550.00  |  |   | on Campaign Financ<br>Fund Contribution |                                     | <b>DO</b> May Be                            | -      |
| (See criteria on back)                            |   |                      | Make Check Payable to Department of Sta |  |   | runa Communitation.                     |                                     | 10 10 FEBS                                  | ĺ      |
| 11,   | OFFICERS A  | AND DIRECTORS        | 12.                                     | A[   | DITIONS/CH  | ANGES TO OFFICE                         | RS AND DIRECTOR                     | RS IN 11                                    |        |
| TITLE   | PTD   | ☐ Delete             | TITLE                                   | VICE PRO   | esident   | Direction                               | ☐ Change                            | Addition                                    | ő      |
| NAME  | MULLIN, ARTHUR W  |                      | NAME                                    | HARRIS   | Rober   | + R.                                    |                                     |   | 0      |
| STREET ADDRESS                                    | 250 KING OF PRUSSIA RD.   |                      | STREET ADDR                             |  |   | ARUSSIA R                               | d.,                                 | 1   | 2      |
| CITY-ST-ZIP                                       | RADNOR PA 19087   |                      | CITY-ST-ZIP                             | RADNO  | R PA  | 19087                                   |                                     |   | l 2    |
| TITLE   | VD  | ☐ Delete             | TITLE                                   | Vice Pro   | Sident  | Director                                | , 🔲 Change                          | Addition                                    | ٥      |
| NAME  | TAYLOR, WILLIAM S   |                      | NAME                                    | D. hair  | Δ   | - board 1                               | -                                   |   |        |
| STREET ADDRESS                                    | 250 KING OF PRUSSIA RD.   |                      | STREET ADDR                             | ESS 250 K  | ling of   | PRUSSIA                                 | KD                                  |   | 1      |
| CITY-ST-ZIP                                       | RADNOR PA 19087   |                      | CITY-ST-ZIP                             | RADU   | se PA   | 19032                                   |                                     |   |        |
| TITLE   | S   | ☐ Delete             | TITLE                                   |  |   |   | ☐ Change                            | ☐ Addition                                  | İ      |
| NAME  | Bixler, Robert  |                      | NAME                                    |  |   |   |                                     |   | ļ      |
| STREET ADDRESS                                    | 250 KING OF PRUSSIA RD  |                      | STREET ADDR                             | ESS  | •   |   |                                     | ,   | )      |
| CITY-ST-ZIP                                       | RADNOR PA 19087   |                      | CITY-ST-ZIP                             |  |   |   |                                     | <del></del> _                               | 1      |
| TITLE   | VD  | 🔀 Delete             | TITLE                                   |  |   |   | Change                              | ☐ Addition                                  | 1      |
| NAME  | KELICAN, JAMES W  | •                    | NAME                                    |  |   |   |                                     |   |        |
| STREET ADDRESS                                    | 250 KING OF PRUSSIA RD.   |                      | STREET ADDR                             | ESS  |   |   |                                     |   |        |
| CITY-ST-ZIP                                       | RADNOR PA 19087   |                      | CITY-ST-ZIP                             |  |   |   |                                     | <u>_</u>                                    | (      |
| TITLE   | AS  | ☐ Delete             | TITLE                                   |  |   |   | ☐ Change                            | ☐ Addition                                  | ١.     |
| NAME  | TAMASITIS, MARGARET   |                      | NAME                                    | [  |   |   |                                     |   |        |
| STREET ADDRESS                                    | 250 KING OF PRUSSIA RD.   |                      | STREET ADDR                             | ESS  |   |   |                                     |   |        |
| CITY-ST-ZIP                                       | RADNOR PA 19087   |                      | CITY-ST-ZIP                             |  |   |   |                                     |   | 1      |

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.

STREET ADDRESS CITY-ST-ZIP

☐ Delete

III.

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 18, 2000 8:00 am Secretary of State

05-18-2000 90346 036 \*\*\*150.00

MARGARET M TAMASITIS, ASST.SEC.

Change

Addition