

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 20, 2001 8:00 am
Secretary of State

05-25-2001 90287 020 ****61.25

DOCUMENT # N00000005930

1. Entity Name

SOUTHEAST ENTREPRENEURS ENTERPRISE KINGDOM COMMU

Principal Place of Business

C/O SHOWERS OF BLESSINGS HARVEST CENTER
 2615 SE 15 STREET
 GAINESVILLE FL 32641

Mailing Address

C/O SHOWERS OF BLESSINGS HARVEST CENTER
 2615 SE 15 STREET
 GAINESVILLE FL 32641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-3735275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, LINDA A
 1702 NE 15 TERRACE
 GAINESVILLE FL 32609

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

Linda A. King

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent's signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
 King Linda A
 STREET ADDRESS 1702 NE 15th terrace
 CITY-ST-ZIP Gainesville, FL 32609

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

TITLE NAME ☐ Delete
 King Willie L JR
 STREET ADDRESS 1702 NE 15th terrace
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 Harris Michelle Grant
 STREET ADDRESS 7215 SW 18th Place
 CITY-ST-ZIP Gainesville, FL 32607

TITLE NAME ☐ Change ☐ Addition
 O/S
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 Harris Brandon
 STREET ADDRESS 7215 SW 18th Place
 CITY-ST-ZIP Gainesville, FL 32607

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

TITLE NAME ☐ Delete
 Seavers, Norman
 STREET ADDRESS 3530 SW 29th terrace Apt B
 CITY-ST-ZIP Gainesville, FL 32608

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

TITLE NAME ☐ Delete
 Word, Maxine
 STREET ADDRESS 3530 SW 29th terrace Apt B
 CITY-ST-ZIP Gainesville, FL 32608

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

Linda A. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)