

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-14-2002 90067 018 ****61.25

DOCUMENT # N01000006384

1. Entity Name

THE SOUTHEAST REVIEW, INC.

Principal Place of Business

Mailing Address

216 WILLIAMS BLDG.
 FLORIDA STATE UNIVERSITY
 TALLAHASSEE FL 32306

216 WILLIAMS BLDG.
 FLORIDA STATE UNIVERSITY
 TALLAHASSEE FL 32306

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

59-3744388

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, TONY R
424 MAIN ST.
LLOYD FL 32337

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

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	P	<input type="checkbox"/> Delete
NAME	MORRIS, TONY R	(D)
STREET ADDRESS	P. O. BOX 233	
CITY-ST-ZIP	LLOYD FL 32337	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID KIRBY	(T)
STREET ADDRESS	116B SEMINOLE AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES KIMBRELL	(T)
STREET ADDRESS	4220 JULIA ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	DAVID KIRBY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID KIRBY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowered.

SIGNATURE:

TONY MORRIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

(850) 619-2775
 Date Daytime Phone #

CR2E037 (9/01)