

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-12-2001 90036 004 ****61.25

DOCUMENT-# N20732

1. Entity Name

SOUTHEAST EVALUATION ASSOCIATION, INC.

(LA)

Principal Place of Business

PO BOX 10125
TALLAHASSEE FL 32302-2125

Mailing Address

PO BOX 10125
TALLAHASSEE FL 32302-2125

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

59-2854523

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

**GREECH, JOHN
6121 COUNTY ROAD 12
TALLAHASSEE FL 32312**

Name **ABDULLA SAHIRA R.**

Street Address (P.O. Box Number is Not Acceptable)
7699 MCCLURE DR.

City **TALLAHASSEE**

FL

Zip Code **32312**

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 fee 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 **PD** ☒ Delete
NAME **GREEN, JOHN C**
STREET ADDRESS **6121 COUNTY RD 12**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **PD** ☒ Change ☐ Addition
NAME **ABDULLA, SAHIRA R**
STREET ADDRESS **7699 MCCLURE DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **VD** ☒ Delete
NAME **ABBULLA, SAHIRA R**
STREET ADDRESS **7699 MCCLURE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VD** ☒ Change ☐ Addition
NAME **BIGOS, YVONNE**
STREET ADDRESS **1325 WEST HEAVEN CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE **SD** ☒ Delete
NAME **BARRIAS, NINA**
STREET ADDRESS **9114 SHOAL CREEK DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SD** ☒ Change ☐ Addition
NAME **GOPA, NANCY**
STREET ADDRESS **2123 CENTRE POINT BLVD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **TD** ☐ Delete
NAME **LYNN, TIFFANY**
STREET ADDRESS **1904 MCCOSKEE ROAD #25**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

SIGNATURE REQUIRED

2/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)