

2002 UNIFORM BUSINESS REPORT (UBR)

0001995

DOCUMENT # N20732

1. Entity Name

SOUTHEAST EVALUATION ASSOCIATION, INC.

FILED

02 SEP 12 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 10125
TALLAHASSEE FL 32302-2125

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

4. FEI Number

59-2854523

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

ABDULLAH, SAHIRA R
7699 MCCLUIRE DRIVE
TALLAHASSEE FL 32312

Name

Elliz Dudley Hall

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

3081-Pleasant Court

Tallahassee, FL 32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elliz Dudley Hall

9-12-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 ABDULLA, SAHIRA R
STREET ADDRESS 7699 MCCLUIRE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE PD ☒ Change ☐ Addition
NAME Bigos, Yvonne
STREET ADDRESS 1314 Blake more Ct.
CITY-ST-ZIP Tallahassee, FL 32317

TITLE VD ☒ Delete
NAME BIGOS, YVONNE
STREET ADDRESS 1325 WEST HEAVEN COURT
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE VD ☒ Change ☒ Addition
NAME Carolyn Herring
STREET ADDRESS 657-forest Lair
CITY-ST-ZIP Tallahassee, FL 32312

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

TITLE ☐ Change ☐ Addition
NAME 600007809776--7
STREET ADDRESS -09/17/02--01074--007
CITY-ST-ZIP *****61.25 *****61.25

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

TITLE ☒ Change ☒ Addition
NAME ~~Elliz~~ Hall, Elliz
STREET ADDRESS 3081-Pleasant Court
CITY-ST-ZIP Tallahassee, FL 32303

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)(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:

Elliz Dudley Hall

7-18-02 (850) 562-1092

CR2E037 (4/02)