2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40608

1. Entity Name

SOUTHEASTERN GREAT OUTDOORS ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90089 027 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 142123 CORAL GABLES FL 33114	P O BOX 142123 CORAL GABLES FL 33114-2123

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 65-0220531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COYLE, THOMAS J
230 CALABRIA AVE. #6
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Coyle, Thomas J

Street Address (P.O. Box Number is Not Acceptable): 451 NE 35 th STREET # 204

City: Miami **FL** Zip Code: 33137

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: Thomas J. Coyle — Thomas J Coyle — 3/27/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAM, APPERT 6871 S.W. 75 ST. SOUTH MIAMI FL 33143-4424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COYLE, THOMAS J 451 NE 35 ST. #204 MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STERPE, JOHN 511 NE 129TH STREET NORTH MIAMI FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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: Thomas J Coyle ESQUIRE Thomas J. Coyle — 3/27/00 — 305 460-2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #