

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40608

1. Entity Name

SOUTHEASTERN GREAT OUTDOORS ASSOCIATION, INC.

Principal Place of Business

P O BOX 142123  
CORAL GABLES FL 33114

Mailing Address

P O BOX 142123  
CORAL GABLES FL 33114

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

7. Name and Address of New Registered Agent

COYLE, THOMAS J  
451 NE 35TH ST  
#204  
MIAMI FL 33137

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 PD  
NAME WILLIAM, APPERT ☐ Delete  
STREET ADDRESS 6871 S.W. 75 ST.  
CITY-ST-ZIP SOUTH MIAMI FL 33143-4424

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

TITLE TD  
NAME COYLE, THOMAS J ☐ Delete  
STREET ADDRESS 451 NE 35 ST. #204  
CITY-ST-ZIP MIAMI FL 33137

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

TITLE SD  
NAME STERPE, JOHN ☒ Delete  
STREET ADDRESS 511 NE 129TH STREET  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE S/D  
NAME DAVID FLETCHER ☒ Change ☐ Addition  
STREET ADDRESS 2421 N. 40 AVE #108  
CITY-ST-ZIP Hollywood, FL 33021-3651

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

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:

*Thomas J Coyle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/01 (305)460-2914

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE