

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002621

1. Entity Name

SOUTH EAST SEARCH AND RESCUE, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90156 006 ****61.25

Principal Place of Business

818 NW 202 STREET
 NEWBERRY FL 32669

Mailing Address

818 NW 202 STREET
 NEWBERRY FL 32669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3190044

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

ROLFE, KEVIN C
 818 NW 202 STREET
 NEWBERRY FL 32669

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 reinstalling)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 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 DC ☐ Delete
 NAME ROLFE, KEVIN
 STREET ADDRESS 818 NW 202 STREET
 CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE VC ☐ Delete
 NAME MCINTIRE, DAVID
 STREET ADDRESS PO BOX 2834 N/A
 CITY-ST-ZIP GAINESVILLE FL

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

TITLE ST ☐ Delete
 NAME ROLFE, CHERYL
 STREET ADDRESS 818 NW 202 STREET
 CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE D ☐ Delete
 NAME NOLAND, ED
 STREET ADDRESS 4433 BLACK FOREST WAY
 CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE D ☐ Delete
 NAME CAPEHART, JEFFREY
 STREET ADDRESS 3206 NW 56 PLACE
 CITY-ST-ZIP GAINESVILLE FL 32653

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 July 00

Date

352-422-3057

Daytime Phone #