

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
May 01, 2000 8:00 am
Secretary of State

02-22-2000 90006 010 ****61.25

DOCUMENT # N95000005394

1. Entity Name

SOUTHEAST INDEPENDENT DISTRIBUTORS ASSOCIATION,

Principal Place of Business

Mailing Address

701 SO MARKET AVE
FT PIERCE FL 32948
US

P. O. BOX 4411
FT PIERCE FL 34948-4411
US

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

59-3458701

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

BALDREE, H. ALLEN
701 SO MARKET AVE
FT PIERCE FL 32948

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:
FEES 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 **VP** ☒ Delete
NAME **RADOKOVICH, MILO**
STREET ADDRESS **150-D PENMARCO DR**
CITY-ST-ZIP **RALEIGH NC 28439**

TITLE **VP** ☒ Change ☐ Addition
NAME **D. DONNELLY, DAVID**
STREET ADDRESS **46385 CONTINENTAL DR.**
CITY-ST-ZIP **CHESTERFIELD MI 48047**

TITLE **D** ☒ Delete
NAME **O'DONNELL, DAVID**
STREET ADDRESS **46385 CONTINENTAL DR**
CITY-ST-ZIP **CHESTERFIELD MI 48047**

TITLE **D** ☐ Change ☒ Addition
NAME **ROWE, PETE**
STREET ADDRESS **4102 MEDING RD.**
CITY-ST-ZIP **SAVANNAH GA 31405** Title = **Treasurer**

TITLE **D** ☒ Delete
NAME **PENA, JOHN M**
STREET ADDRESS **900 HIGHWAY 54 EAST**
CITY-ST-ZIP **FAYETTEVILLE GA 30214**

TITLE **D** ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **H. ALLEN BALDREE**
CITY-ST-ZIP **701 S. MARKET ST**
FT PIERCE FL 34948

TITLE **D** ☒ Delete
NAME **POLLACK, ROBERT**
STREET ADDRESS **5750 N.W. 32ND AVE.**
CITY-ST-ZIP **MIAMI FL 33142**

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

TITLE **D** ☒ Delete
NAME **NORTHEY, JIM**
STREET ADDRESS **701 S. MARKET AVE.**
CITY-ST-ZIP **FT. PIERCE FL 34949**

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

TITLE **D** ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **NORTHEY, GLENN**
CITY-ST-ZIP **701 S. MARKET AVE.**
FT. PIERCE FL 34949 (NOTE Title)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
CORRECTION OF TITLE
"SECRETARY"

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:

SIG. PETER ROWE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pete Rowe 4/16/00 800-833-7093
912-233-5737