

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90011 011 ****61.25

DOCUMENT # N97000003347

1. Entity Name

SOUTHEAST BENEVOLENT AND MANAGEMENT ASSOCIATION,

Principal Place of Business

1207 HAMILTON BRIDGE RD.
 MILTON FL 32570

Mailing Address

1207 HAMILTON BRIDGE RD.
 MILTON FL 32570

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

APPLIED FOR

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

JOHNSON, EDWIN M
1207 HAMILTON BRIDGE RD.
MILTON FL 32570

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 reappointing)

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	DP JOHNSON, EDWIN M 1207 HAMILTON BRIDGE RD. MILTON FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GUNTUN, JOHN C 116 HINOTE STREET MILTON FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYHEW, MARILYN L 5265 DEL MONTE ST. MILTON FL 32583 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDMOND, ROGER J 302 ROLLING RIDGE DR. CHATTANOOGA TN 37421 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

E. M. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. M. Johnson

04/23/01

(850) 623-8207

Date

Daytime Phone #

CR2E037 (10/00)



Attachment
OH#N9700003347
A0073141

FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 2-5-00 RECD _____ TIME _____

NAME EDWIN M JOHNSON FAX NUMBER 850 623-5444

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER FOR THE ENTITY(IES) SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME:

SOUTH EAST BENEVOLENT AND MANAGEMENT ASSOCIATION, INC

EMPLOYER IDENTIFICATION NUMBER (EIN): 59-3620714

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

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