

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90225 021 \*\*\*\*61.25

**DOCUMENT # N97000003347**

1. Entity Name

**SOUTHEAST BENEVOLENT AND MANAGEMENT ASSOCIATION, INC.**

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

**6423 Hamilton Bridge Rd.**

3. Mailing Address

**6423 Hamilton Bridge Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3620714**

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**6423 Hamilton Bridge Rd.**

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 **DP** ☐ Delete  
 NAME **JOHNSON, EDWIN M**  
 STREET ADDRESS **1207 HAMILTON BRIDGE RD.**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☒ Change ☐ Addition  
 NAME **6423 Hamilton Bridge Rd.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Delete  
 NAME **GUNTON, JOHN C**  
 STREET ADDRESS **116 HINOTE STREET**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☒ Change ☐ Addition  
 NAME **6622 Hinote Street**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **MAYHEW, MARILYN L**  
 STREET ADDRESS **5265 DEL MONTE ST.**  
 CITY-ST-ZIP **MILTON FL 32583**

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

TITLE **D** ☐ Delete  
 NAME **REDMOND, ROGER J**  
 STREET ADDRESS **302 ROLLING RIDGE DR.**  
 CITY-ST-ZIP **CHATTANOOGA TN 37421**

TITLE ☒ Change ☐ Addition  
 NAME **7128 Wolfeteve Drive**  
 STREET ADDRESS **Harrison, TN 37341**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Richard S. Johnson**  
 CITY-ST-ZIP **6232 Weekly Street**  
**Milton, FL 32570**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Jimmy L. Johnson**  
 CITY-ST-ZIP **4380 Ponderosa Drive**  
**Milton, FL 32583**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Marilyn L. Mayhew*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02

Date

Daytime Phone #

CR2E037 (9/01)