

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004119

1. Entity Name

SOUTHEAST LIPID ASSOCIATION, INC.

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90031 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~2337 OSPREY LAKE DRIVE~~  
JACKSONVILLE FL 32224

~~2337 OSPREY LAKE DRIVE~~  
JACKSONVILLE FL 32224 2622

2. Principal Place of Business

4494 Southside Blvd

3. Mailing Address

4494 Southside Blvd.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Jacksonville FL

City & State

Jacksonville, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3585876

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

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE SUITE 200  
JACKSONVILLE FL 32204

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	D	<input type="checkbox"/> Delete
NAME	BROWN, VIRGIL	
STREET ADDRESS	1670 CLAIRMONT ROAD	
CITY-ST-ZIP	DECATUR GA 30033	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL	
STREET ADDRESS	22 S. GREENE STREET ROOM S3B06	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, DAVID G	
STREET ADDRESS	77 COLLIER ROAD SUITE 2080	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

Date

Daytime Phone #

1-23-00 904-998-0854