

5/11/01-

FILED
Aug 10, 2001 8:00 am
Secretary of State

05-11-2001 90080 013 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000025107**

1. Entry Name

AMERIFUND SOUTHEAST, INC.

Principal Place of Business

6123 PORPOISE LANE
ORLANDO FL 32822

Mailing Address

6123 PORPOISE LANE
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3629718

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 MANSFIELD, JANE
 6123 PORPOISE LANE
 ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

JANE MANSFIELD

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

6123 PORPOISE LANE

City

FL

Zip Code

32822

8. The above named entry 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 date of signature.

DATE

 9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

 10. Election Campaign Financing
 Trust Fund Contribution. ☐

 \$5.00 May Be
 Added to Fees
OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	JANE MANSFIELD	6123 PORPOISE LANE	ORLANDO, FL 32822	☒ PLED
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☒ Added
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td></td>	STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td>	CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td>	☐ Change <td>☐ Added</td>	☐ Added
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td></td>	STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td>	CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td>	☐ Change <td>☐ Added</td>	☐ Added
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td></td>	STREET ADDRESS <td>CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td></td>	CITY - ST - ZIP <td>☐ Change <td>☐ Added</td> </td>	☐ Change <td>☐ Added</td>	☐ Added
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13. I hereby certify that the information supplied with this filing does not qualify for its exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 hereon, or on an attachment with an address, with all other like empowered.

SIGNATURE

J. Mansfield PRESIDENT

X 4-25-01

X 4-25-01-32822

RECEIVED
 JUL 01 2001
 BY: J.

RECEIVED
 AUG - 1 2001
 BY:



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 7, 2001

AMERIFUND SOUTHEAST, INC.
6123 PORPOISE LANE
ORLANDO, FL 32822

Subject: AMERIFUND SOUTHEAST, INC.

Reference Number: P00000025107

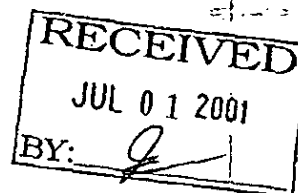
Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

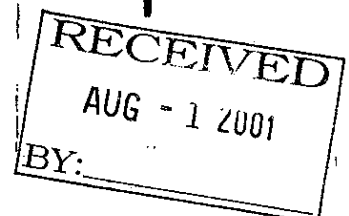
TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sb
ANNUAL REPORTS SECTION



Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



Attachment North
P00000025107



77379

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 23, 2001

AMERIFUND SOUTHEAST, INC.
6123 PORPOISE LANE
ORLANDO, FL 32822

Subject: AMERIFUND SOUTHEAST, INC.

Reference P00000025107
Number:

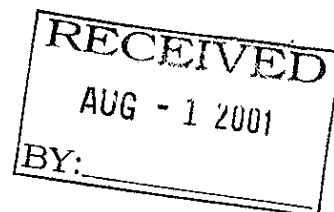
Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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