

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90122 015 ***150.00

DOCUMENT # P00000089619

1. Entity Name

SOUTHEASTERN RESEARCH GROUP, INC.

DO NOT WRITE IN THIS SPACE

831236

2. Principal Place of Business

2000 CENTRE POINTE BLVD

Suite, Apt. #, etc.

3. Mailing Address

2000 CENTRE POINTE BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-3673588

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT A. PIERCE

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

227. S CALHOUN ST

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROLLINS, RALEIGH W
STREET ADDRESS	2000 CENTRE POINT BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	MILES, DAVID D
STREET ADDRESS	2000 CENTRE POINT BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	CAMPS, JOSEPH L.
STREET ADDRESS	2000 CENTRE POINT BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	SANYER, W. PAUL
STREET ADDRESS	2000 CENTRE POINT BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	POTTS, WILLIAM E
STREET ADDRESS	2000 CENTRE POINT BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	SELLINGER, SCOTT B.
STREET ADDRESS	2000 CENTRE POINT BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32308

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. POTTS, MD

Date

4/10/02

Daytime Phone #

850-309-0500

CR2E034B (12/01)