

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038800

1. Entity Name
SOUTHEAST PROPERTIES HOLDING CORPORATION, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90005 012 ***150.00

Principal Place of Business 8880 FREEDOM CROSSING TRAIL STE 100 JACKSONVILLE FL 32256	Mailing Address PO BOX 58120 JACKSONVILLE FL 32241-8120
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 433 Plaza Real, Ste. 335	3. Mailing Address 8880 Freedom Crossing Trail
Suite, Apt. #, etc. Suite 335	Suite, Apt. #, etc. Suite 101
City & State Boca Raton, FL	City & State Jacksonville, FL
Zip 33432	Country USA

4. FEI Number 59-3202967	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VT	<input checked="" type="checkbox"/> Delete	TITLE D CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HILEY, DAVID B		NAME Cracker, Thomas J.	
STREET ADDRESS 8880 FREEDOM CROSSING TRAIL STE 100		STREET ADDRESS 433 Plaza Real, Ste. 335	
CITY-ST-ZIP JACKSONVILLE FL 32256-9920		CITY-ST-ZIP Boca Raton, FL 33432	
TITLE SV	<input checked="" type="checkbox"/> Delete	TITLE D CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JENKINS, W LAWRENCE		NAME Onisko, Robert E.	
STREET ADDRESS 8880 FREEDOM CROSSING TRAIL #100		STREET ADDRESS 433 Plaza Real, Ste. 335	
CITY-ST-ZIP JACKSONVILLE FL 32256-9920		CITY-ST-ZIP Boca Raton, FL 33432	
TITLE DP	<input checked="" type="checkbox"/> Delete	TITLE T CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TEAGLE, JAMES		NAME Stephens, James L.	
STREET ADDRESS 8880 FREEDOM CROSSING TRAIL #100		STREET ADDRESS 8880 Freedom Crossing Trail, Ste 101	
CITY-ST-ZIP JACKSONVILLE FL 32256-9920		CITY-ST-ZIP Jacksonville FL 32256	
TITLE DC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUGHES, VICTOR A		NAME	
STREET ADDRESS 8880 FREEDOM CROSSING TRAIL #100		STREET ADDRESS 8880 Freedom Crossing Trail #101	
CITY-ST-ZIP JACKSONVILLE FL 32256		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James L. Stephens James L. Stephens 4/10/01 (904) 538-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)