

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 004 ***150.00

DOCUMENT # **P9300.0038800**

1. Entity Name

South east Properties Holding Corporation, INC.

DO NOT WRITE IN THIS SPACE

642655

2. Principal Place of Business

433 Plaza Real

Suite, Apt. #, etc.

Suite 335

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Address

433 Plaza Real

Suite, Apt. #, etc.

Suite 335

City & State

Boca Raton, FL

Zip

33432

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3202967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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 CEO
NAME	<i>Crocker, Thomas J.</i>
STREET ADDRESS	<i>433 Plaza Real, Ste 335</i>
CITY- ST- ZIP	<i>Boca Raton, FL 33432</i>
TITLE	D CFO
NAME	<i>Onisko, Robert E.</i>
STREET ADDRESS	<i>433 Plaza Real, Ste 335</i>
CITY- ST- ZIP	<i>Boca Raton, FL 33432</i>
TITLE	T CAO
NAME	<i>Stephens, James L</i>
STREET ADDRESS	<i>8880 Freedom Crossing Trail, Ste 101</i>
CITY- ST- ZIP	<i>Jacksonville, FL 32256</i>
TITLE	DC
NAME	<i>Hughes, Victor A</i>
STREET ADDRESS	<i>8880 Freedom Crossing Trail, Ste 101</i>
CITY- ST- ZIP	<i>Jacksonville, FL 32256</i>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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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

4/16/02 (94) 395-9666

DATE

Daytime Phone #

CR2E034B (12/01)