

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90230 023 ***150.00

0437469

DOCUMENT # P95000083866

1. Entity Name

SOUTHEASTERN SPORTS GROUP, INC.

Principal Place of Business

Mailing Address

1501 N. HIATUS ROAD
PEMBROKE PINES FL 33026

1501 N. HIATUS ROAD
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

1392 SW Sea Holly Way
Suite, Apt. #, etc.

1392 SW Sea Holly Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

65-0622849

Applied For

Not Applicable

Zip

34990

Country

US

Zip

34990

Country

US

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

SOBOL, THEODORE W
1501 N. HIATUS ROAD
PEMBROKE PINES FL 33026

Name

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

1392 SW Sea Holly Way

City

Palm City

FL

Zip Code

34990

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

Theodore W. Sobol
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-01

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SOBOL, THEODORE W	
STREET ADDRESS	1501 N. HIATUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, CAROLYN J	
STREET ADDRESS	1501 N. HIATUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1392 SW Sea Holly Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1392 SW Sea Holly Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Carolyn J. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn J. White

4/21/01

Date

561-781-2530

Daytime Phone #

CR2E034 (10/00)