

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085017

1. Entity Name

SOUTHEASTERN DEVELOPMENT & MANAGEMENT CO., INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90075 023 \*\*\*150.00

Principal Place of Business

449 SPARROW DRIVE  
SATELLITE BEACH FL 32937

Mailing Address

P.O. BOX 372326  
SATELLITE BEACH FL 32937-0326  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3339836

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLAVIN, THOMAS P  
1790 HIGHWAY A1A  
SUITE 206  
SATELLITE BEACH FL 32937

Name

J. D. Sledge

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

445 Grant Avenue

Satellite Beach

City

FL

Zip Code

32937

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

032600

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, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS MICHAEL L. BARLET SR.  
CITY-ST-ZIP 449 SPARROW DR  
SATELLITE BEACH FL

TITLE ☒ Delete  
NAME V  
STREET ADDRESS TERRY L. CRISP  
CITY-ST-ZIP 1799 KINGS POINT BLVD  
KISSIMMEE FL

TITLE ☒ Delete  
NAME TS  
STREET ADDRESS FRED N. CRISP  
CITY-ST-ZIP 1799 KINGS POINT BLVD  
KISSIMMEE FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VISE President of Construction  
STREET ADDRESS Dore Appleby  
CITY-ST-ZIP P.O. Box 372326  
32937-0326

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

032600 (407) 543-9014

CR2E034 (9/99)