

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009356

1. Entity Name

IROQUOIS SOUTHEAST INC.

FILED

Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90038 045 \*\*\*158.75

Principal Place of Business

Mailing Address

406 WEST STATE STREET  
OLEAN NY 14760

406 WEST STATE STREET  
OLEAN NY 14760-2542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0693892

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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) ☐

**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 PD  
NAME REITER, MIKE  
STREET ADDRESS 2804 DEL PRADO BLVD STE 201  
CITY-ST-ZIP CAPE CORAL FL ☐ Delete

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

TITLE VD  
NAME CHIAPUSO, JOSEPH  
STREET ADDRESS 1132 QUEEN STREET  
CITY-ST-ZIP OLEAN NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS 106 South Shore Road  
CITY-ST-ZIP Cuba NY 14727 ☒ Change ☐ Addition

TITLE SD  
NAME BRANCH, WILLIAM A  
STREET ADDRESS 1235-E EAST BLVD BOX 240  
CITY-ST-ZIP CHARLOTTE NC ☐ Delete

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

TITLE ASD  
NAME BRANCH, LAURIE A  
STREET ADDRESS 304 VAN BUREN AVE  
CITY-ST-ZIP OLEAN NY ☐ Delete

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

TITLE C  
NAME BRANCH, PAUL M  
STREET ADDRESS 1309 BUCHANAN AVE  
CITY-ST-ZIP OLEAN NY ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 #

1-28-00

710-373-5511

CR2E034 (9/99)