

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068864

1. Entity Name

SOUTHEAST EQUITY PARTNERS OF FLORIDA, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90025 012 \*\*\*150.00

Principal Place of Business

Mailing Address

10 FAIRWAY DRIVE, SUITE 226  
DEERFIELD BEACH FL 33441

10 FAIRWAY DRIVE, SUITE 226  
DEERFIELD BEACH FL 33441-1802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0681174

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

ANGELSON, JERROLD L  
10 FAIRWAY DRIVE, SUITE 226  
DEERFIELD BEACH FL 33441

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 ANGELSON, JERROLD  
STREET ADDRESS 10 FAIRWAY DR STE 226  
CITY-ST-ZIP DEERFIELD BEACH FL

☐ Delete

TITLE D  
NAME BURLEIGH, RUSTY  
STREET ADDRESS 4840 ROSWELL RD C-300  
CITY-ST-ZIP ATLANTA GA

☐ Delete

TITLE VTSD  
NAME JOYCE, LINDA  
STREET ADDRESS 10 FAIRWAY DR, SUITE 226  
CITY-ST-ZIP DEERFIELD BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME Rusty Burleigh  
STREET ADDRESS 5665 Glenridge Drive  
CITY-ST-ZIP Two Premier Plaza Suite 150  
Atlanta GA 30342

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Linda Joyce* LINDA JOYCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

954570 9444

Daytime Phone #

CR2E034 (9/99)