

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90040 017 \*\*\*150.00

**DOCUMENT # P96000068864**

**1. Entity Name**  
**SOUTHEAST EQUITY PARTNERS OF FLORIDA, INC.**

**Principal Place of Business**  
**10 FAIRWAY DRIVE, SUITE 226**  
**DEERFIELD BEACH FL 33441**

**Mailing Address**  
**10 FAIRWAY DRIVE, SUITE 226**  
**DEERFIELD BEACH FL 33441**

**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 **LINDA JOYCE**  
 Street Address (P.O. Box Number is Not Acceptable) **10 FAIRWAY Drive Suite 226**

City **Deerfield Beach** **FL** Zip Code **33441**

**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 *Linda Joyce* **LINDA JOYCE** **President** **1/14/02**  
 Signature, typed or printed name of registered agent and fee 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☒ Delete  
 NAME **ANGELSON, JERROLD**  
 STREET ADDRESS **10 FAIRWAY DR STE 226**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

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

TITLE **D** ☒ Delete  
 NAME **BURLEIGH, RUSTY**  
 STREET ADDRESS **5605 GLENRIDGE DR STE 150**  
 CITY-ST-ZIP **ATLANTA GA 30342**

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

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

TITLE ☒ Change ☐ Addition  
 NAME **JOYCE, LINDA**  
 STREET ADDRESS **10 FAIRWAY DR Suite 226**  
 CITY-ST-ZIP **Deerfield Beach, FL 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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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: *Linda Joyce* **LINDA JOYCE** **1/3/02** **954570 9444**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)