

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90316 015 ***150.00

0623414

DOCUMENT # P97000005307

1. Entity Name

THE SOUTHEAST COMPANIES, INC.

Principal Place of Business
**1941 SOUTHEAT 51ST TERRACE
BUILDING 2, SUITE 100
OCALA FL 34471**

Mailing Address
**1941 SOUTHEAT 51ST TERRACE
BUILDING 2, SUITE 100
OCALA FL 34471**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3423334**

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

**LINDSEY, VANESSA H
1941 SOUTHEAST 51ST TERRACE
BUILDING 2, SUITE 100
OCALA FL 34471**

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, 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** ☒ Delete
NAME **CALVO, CYNDI N**
STREET ADDRESS **1941 SE 51ST TER., BLDG., 2, SUITE 100**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **Chairman of the Board/ D** ☒ Change ☐ Addition
NAME **Calvo, Cyndi N**
STREET ADDRESS **1941 SE 51st Terrace**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **P** ☒ Delete
NAME **CALVO, WILLIAM A III**
STREET ADDRESS **1941 SE 51ST TER., BLDG., 2, SUITE 100**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **President & CEO** ☐ Change ☒ Addition
NAME **Anthony Joffe**
STREET ADDRESS **3896 N Federal Highway**
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/Treasurer** ☐ Change ☒ Addition
NAME **Vanessa Lindsey**
STREET ADDRESS **1941 SE 51st Terrace**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Sally Stroberg**
STREET ADDRESS **6735 Cherry Road**
CITY-ST-ZIP **Ocala, FL 34472**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Cyndi Calvo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01
Date

352-694-0800
Daytime Phone #

CR2E034 (10/00)