2000 UNIFORM BUSINESS REPORT (UBR)

May 10, 2000 8:00 am Secretary of State DOCUMENT # **P97000045225** SOUTHEAST COMMUNITY PROPERTIES, INC. 05-10-2000 90075 022 ***150.00 Mailing Address Principal Place of Business 664 SOUTH MILITARY TRAIL 664 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442-3023 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0759329 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAKE, GERALD F. Street Address (P.O. Box Number is Not Acceptable) 664 S MILITARY TRAIL **DEERFIELD BEACH FL 33442** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE BLAKE, GERALD F NAME NAME 664 SOUTH MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change ☐ Addition TITLE Delete TITLE BRACKEN, CYNTHIA M. NAME NAME 664 S MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP - - > T Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

954/419-1013