

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034222

1. Entity Name

SOUTHEASTERN PENSION ADMINISTRATORS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90031 001 ***300.00

Principal Place of Business
1304 WEST BUSCH BOULEVARD
TAMPA FL 33612

Mailing Address
1304 WEST BUSCH BOULEVARD
TAMPA FL 33612

2. Principal Place of Business

2112 Sunnydale Blvd.

3. Mailing Address

2112 Sunnydale Blvd.

Suite, Apt. #, etc.

Ste B

Suite, Apt. #, etc.

Ste B

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33765

Country

US

Zip

33765

Country

US

4. FEI Number 59-3507528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVETT, KALYN M
1304 WEST BUSCH BOULEVARD
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Kalyn L. Deegan

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

2112 Sunnydale Blvd.

Ste B

City

Clearwater

FL

Zip Code

33765

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

Kalyn Lovett Deegan

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

TITLE PSD
NAME LOVETT, KALYN M
STREET ADDRESS 1304 WEST BUSCH BOULEVARD
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE VD
NAME LOVETT, RICHARD J JR
STREET ADDRESS 1304 WEST BUSCH BOULEVARD
CITY-ST-ZIP TAMPA FL 33612 ☐ 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 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME Kalyn L. Deegan
STREET ADDRESS 2112 Sunnydale Blvd #B
CITY-ST-ZIP Clearwater, FL 33765 ☒ 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

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:

Kalyn Deegan Kalyn Deegan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7274459770

CR2E034 (10/00)