

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90156 046 \*\*\*150.00

0135826

**DOCUMENT # P99000009227**

1. Entity Name

**SOUTHEASTERN FRIENDS, INC.**

Principal Place of Business

**3050 NORTH PALM AIRE DRIVE  
SUITE 401  
POMPANO BEACH FL 33069**

Mailing Address

**3050 NORTH PALM AIRE DRIVE  
SUITE 401  
POMPANO BEACH FL 33069**

**00038205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3594 SOUTH OCEAN BLVD  
Suite, Apt. #, etc.  
604**

3. Mailing Address

**3594 SOUTH OCEAN BLVD  
Suite, Apt. #, etc.  
604**

City & State

**HIGHLAND BEACH FLA**

City & State

**HIGHLAND BEACH FLA**

4. FEI Number

**65-0905263**

Applied For

Not Applicable

Zip

**33487**

Country

**USA**

Zip

**33487**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEVITSKY, LEONARD  
3050 NORTH PALM AIRE DRIVE  
SUITE 401  
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **LEONARD LEVITSKY**

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

**3594 S. OCEAN BLVD Suite 604**

City

**HIGHLAND BEACH**

FL

Zip Code

**33487**

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

*Leonard Levitsky* **LEONARD LEVITSKY**

(NOTE: Registered Agent signature required when reinstating)

*Leonard Levitsky* **LEONARD LEVITSKY**

DATE

**APR 12/01**

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 ☐ Delete  
NAME **D LEVITSKY, LEONARD**  
STREET ADDRESS **3050 NORTH PALM AIRE DRIVE**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME **D LEVITSKY, LYNDIA**  
STREET ADDRESS **3050 NORTH PALM AIRE DRIVE**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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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:

*Leonard Levitsky* **LEONARD LEVITSKY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 12/01**

Date

**561-241-4511**

Daytime Phone #

CR2E034 (10/00)