

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091296

1. Entity Name

SOUTHEAST MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

POST OFFICE BOX 357396
GAINESVILLE FL 32635-7396

POST OFFICE BOX 357396
GAINESVILLE FL 32635-7396

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, PAUL
1101 OFFICE NORTHWEST 39TH AVENUE
GAINESVILLE FL 32609

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D WALKER, PAUL
POST OFFICE BOX 357396 N/A
GAINESVILLE FL 32635-7396 ☐ Delete

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 (352) 373-68
Date Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90031 019 ***150.00

00023786



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3606424 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required