

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094974

1. Entity Name

SOUTHEAST AQUASCOOTER, INC.

Principal Place of Business

Mailing Address

14 E WASHINGTON STREET SUITE 310  
ORLANDO FL 32801

14 E WASHINGTON STREET SUITE 310  
ORLANDO FL 32801-2320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3611383

Applied For

Not Applied For

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

DREGNE, KATHY

14 E WASHINGTON STREET SUITE 310  
ORLANDO FL 32801

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 PD ☐ Delete  
NAME DREGNE, KATHY  
STREET ADDRESS 14 E WASHINGTON STREET SUITE 310  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ~~Chairman of the board~~ ☐ Delete  
NAME Cecil D. McKinney  
STREET ADDRESS 14 E. Washington St., Suite 310  
CITY-ST-ZIP Orlando, FL 32801

TITLE ~~President~~ ☐ Delete  
NAME Fawn Andrews  
STREET ADDRESS 14 E. Washington St., Suite 310  
CITY-ST-ZIP Orlando, FL 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*Kathy Dregne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90028 016 \*\*\*150.00

80000485



DO NOT WRITE IN THIS SPACE

Jan 5, 2000 407-206-4200