

2000 UNIFORM BUSINESS REPORT (UBR)

0011549

DOCUMENT # **P99000105528**

1. Entity Name

SOUTHEAST INSURANCE AND BENEFIT PLANS, INC.

FILED

00 JUL 17 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**905 E MARTIN LUTHER KING JR DR. STE 100
TARPON SPRINGS FL 34689**

**905 E MARTIN LUTHER KING JR DR. STE 100
TARPON SPRINGS FL 34689**

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

59-3620492

Applied For

Not Applicable

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

GUSTAFSON, BEN E

**905 E MARTIN LUTHER KING JR DR, STE 100
TARPON SPRINGS FL 34689**

Name

DWIGHT SINGLETON

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

905 E. M.L.K. JR DR. SH 100

City

TARPON SPRINGS

FL

Zip Code

34689

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]

DWIGHT SINGLETON

5/15/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input checked="" type="checkbox"/> Delete
NAME	GUSTAFSON, BEN E	
STREET ADDRESS	905 E MARTIN LUTHER KING JR DR, STE 100	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P+D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWIGHT SINGLETON	
STREET ADDRESS	905 E. M.L.K. JR. DR. SH 100	
CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	S+T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. L. LEIVAN	
STREET ADDRESS	905 E. M.L.K JR DR SH 100	
CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **A. L. LEIVAN, Secy**

Date

5/15/00

Daytime Phone #

(727) 938-5362

CR2E034 (9/99)

REINSTATEMENT