## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## Mar 10, 2003 8:00 am Secretary of State **DOCUMENT#** V36817 1. Entity Name 03-10-2003 90777 008 \*\*\*150.00 SOUTHEASTERN REGIONAL PROPERTIES JOINT VENTURE. Principal Place of Business Mailing Address 280 FLORIDA SHORES BLVD 280 FLORIDA SHORES BLVD DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3117877 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KERR, PHILIP Street Address (P.O. Box Number is Not Acceptable) 280 FLORIDA SHORES BLVD DAYTONA BEACH SHORES FL 32118 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KERR, PHILIP NAME STREET ADDRESS 280 FLORIDA SHORES BLVD STREET ADDRESS CITY-ST-7IP DAYTONA BCH SHS FL CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition NAME KERR, BARBARA NAME STREET ADDRESS 280\_FLORIDA\_SHORES\_BLVD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH SHORES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not gradify 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 received for trust employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**