

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17386

1. Entity Name

SUNBELT CORPORATE CENTER II, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90129 034 \*\*\*150.00

Principal Place of Business

220 CONGRESS PARK DR  
SUITE 215  
DELRAY BEACH FL 33445  
US

Mailing Address

220 CONGRESS PARK DRIVE  
SUITE 215  
DELRAY BEACH FL 33445-4805  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2547124

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSTON, SHEPHERD D.  
220 CONGRESS PARK DR., STE 215  
DELRAY BEACH FL 33445

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	<input type="checkbox"/> Delete
D	MANN, HUGO	220 CONGRESS PK DR #215	DELRAY BEACH FL	<input type="checkbox"/>
PD	JOHNSTON, SHEPHERD D	220 CONGRESS PARK DR 215	DELRAY BEACH FL	<input type="checkbox"/>
V	FALVEY, STEPHEN T	220 CONGRESS PK DR #215	DELRAY BEACH FL	<input type="checkbox"/>
VCP	JOHNSTON, SHEPHERD D.	220 CONGRESS PK DR #215	DELRAY BEACH FL	<input type="checkbox"/>
D	FIRNGES, HANS	220 CONGRESS PK DR #215	DELRAY BCH. FL	<input type="checkbox"/>
VS	FALVEY, STEPHEN J.	23249 LAGO MAR CIRCLE	BOCA RATON FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	JOHANNES MANN	220 CONGRESS PARK DR #215	DELRAY BEACH, FL 33445	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	SPEAR, JOHN M.	220 CONGRESS PARK DR, #215	DELRAY BEACH, FL 33445	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Stephen J. Falvey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00 (561) 2651300  
Date Daytime Phone #

CR2E034 (9/99)