

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 33445-4605 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2547124	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANNES MANN 220 CONGRESS PARK DR #215 DELRAY BEACH, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPEAR, JOHN M. 220 CONGRESS PARK DR, #215 DELRAY BEACH, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Vice Pres. **2-9-00** **(561) 2651300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)