

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17386

1. Entity Name

SUNBELT CORPORATE CENTER II, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90066 039 ***150.00

Principal Place of Business

Mailing Address

220 CONGRESS PARK DR
SUITE 215
DELRAY BEACH FL 33445
US

220 CONGRESS PARK DRIVE
SUITE 215
DELRAY BEACH FL 33445
US

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 59-2547124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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, 2001 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
NAME MANN, HUGO
STREET ADDRESS 220 CONGRESS PK DR #215
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE D
NAME JOHANNES MANN
STREET ADDRESS 220 CONGRESS PARK DR, #215
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☐ Change ☒ Addition

TITLE PD
NAME JOHNSTON, SHEPHERD D
STREET ADDRESS 220 CONGRESS PARK DR 215
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE D
NAME RICHARD M. REEVES
STREET ADDRESS 220 CONGRESS PARK DR, #215
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☐ Change ☒ Addition

TITLE V
NAME FALVEY, STEPHEN T
STREET ADDRESS 220 CONGRESS PK DR #215
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE SR VP, ASST. SEC
NAME STEPHEN T. FALVEY
STREET ADDRESS 220 CONGRESS PARK DR, #215
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☒ Change ☐ Addition

TITLE VCP
NAME JOHNSTON, SHEPHERD D.
STREET ADDRESS 220 CONGRESS PK DR #215
CITY-ST-ZIP DELRAY BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FIRNGES, HANS
STREET ADDRESS 220 CONGRESS PK DR #215
CITY-ST-ZIP DELRAY BCH. FL ☐ Delete

TITLE SR VP, S
NAME JOHN M SPEAR
STREET ADDRESS 220 CONGRESS PARK DR, SUITE 215
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☐ Change ☒ Addition

TITLE VS
NAME FALVEY, STEPHEN J.
STREET ADDRESS 23249 LAGO MAR CIRCLE
CITY-ST-ZIP BOCA RATON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Day

Daytime Phone #

CR2E034 (10/00)