## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # 747353** SANDALFOOT SQUIRE PHASE II ASSOCIATION, INC. 04-12-2000 90164 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 9220 SW 3RD ST 9220 SW 3RD ST **BOCA RATON FL 33428** BOCA RATON FL 33428-4520 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) CROYLE, PHILIP J. PA 1900 GLADES RD STE 352 City Zip Code BOCA RATON FL 33431-7333 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5:00 May Be--Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 🔀 Delete TITLE ☐ Change Addition TITLE NAME RANURO, MARGARET NAME STREET ADDRESS STREET ADDRESS 9210 SW 3RD ST CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33428** ☐ Delete ☐ Addition TITLE Change NAME NAME MURPHY, PAUL E STREET ADDRESS STREET ADDRESS 9210 SW 3RD ST #212 CITY-ST-ZIP --CITY-ST-7IP **BOCA RATON FL 33428** TITLE SD Delete Change ☐ Addition PARRISH, MARY ANN NAME STREET ADDRESS STREET ADDRESS 9280 SW 3RD ST #811 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33428 TITLE ☐ Delete Þ ☐ Change Addition NAME RUDEWICZ, STEPHEN F SR NAME STREET ADDRESS STREET ADDRESS 9220 SW 3RD ST #915 CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33428** ☐ Delete TITLE Change STMIA, ANTHONY J 9210 SW JRD ST #206 NAME NAME STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REASURER