

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013055 AF

**DOCUMENT # B96000000089**  
 1. Entity Name  
**ANTARES CAPITAL FUND II LIMITED PARTNERSHIP**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 13 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 THE PRENTICE HALL CORPORATION SYSTEM, INC. P.O. BOX 410730  
 32 LOOCKERMAN SQUARE, STE. L-100 MELBOURNE FL 32941-0730  
 DOVER DE

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 **59-3367998** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**COLÉ, JONATHAN E**  
**C/O EDWARDS & ANGELL**  
**250 ROYAL PALM WAY**  
**PALM BEACH FL 33480**

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. Capital Contributions as Shown on record. **\$0.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000016187
NAME	ANTARES CAPITAL PARTNERS II, INC.
STREET ADDRESS	10270 S. TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND FL 32952
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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DOCUMENT #	
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DOCUMENT #	
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13. ADDRESS CHANGES ONLY	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **4/11/00** **321-777-4884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)