

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90038 006 ***150.00

DOCUMENT # **F33442**

1. Entity Name

SKFW MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD SUITE 3925 TAMPA FL 33602	101 E. KENNEDY BLVD SUITE 3925 TAMPA FL 33602-5812 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2910 W. Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200 City & State Tampa, FL Zip 33629 Country USA	2910 W. Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200 City & State Tampa, FL Zip 33629 Country USA

4. FEI Number	59-2105771	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	<input type="checkbox"/>

6. Name and Address of Current Registered Agent

FROST, MICHAEL H
 101 E. KENNEDY BLVD #3925
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: Frost, Michael H.
 Street Address (P.O. Box Number is Not Acceptable): 2910 W. Bay to Bay Blvd.
 Suite 200
 City: Tampa FL Zip Code: 33629

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SHIMBERG, MANDELL
STREET ADDRESS	100 S ASHLEY #820
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	KENNEDY, DAVID A
STREET ADDRESS	101 E. KENNEDY BLVD #3925
CITY-ST-ZIP	TAMPA FL
TITLE	PD <input type="checkbox"/> Delete
NAME	FROST, MICHAEL H.
STREET ADDRESS	101 E. KENNEDY BLVD #3925
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	WINEBERG, HARVEY S
STREET ADDRESS	180 N LASALLE ST #2200
CITY-ST-ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy, David A.
STREET ADDRESS	2910 W. Bay to Bay Blvd., Suite 200
CITY-ST-ZIP	Tampa, FL 33629
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frost, Michael H.
STREET ADDRESS	2910 W. Bay to Bay Blvd., Suite 200
CITY-ST-ZIP	Tampa, FL 33629
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michael H. Frost SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/99)