

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F33442

1. Entity Name

SKFW MANAGEMENT CORPORATION

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

02-20-2000 90038 006 \*\*\*150.00

Principal Place of Business 101 E. KENNEDY BLVD SUITE 3925 TAMPA FL 33602	Mailing Address 101 E. KENNEDY BLVD SUITE 3925 TAMPA FL 33602-5812 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2910 W. Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200 City & State Tampa, FL Zip 33629 Country USA	3. Mailing Address 2910 W. Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200 City & State Tampa, FL Zip 33629 Country USA
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4. FEI Number 59-2105771	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FROST, MICHAEL H 101 E. KENNEDY BLVD #3925 TAMPA FL 33602
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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
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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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMBERG, MANDELL 100 S ASHLEY #820 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, DAVID A 101 E. KENNEDY BLVD #3925 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kennedy, David A. 2910 W. Bay to Bay Blvd., Suite 200 Tampa, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROST, MICHAEL H. 101 E. KENNEDY BLVD #3925 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frost, Michael H. 2910 W. Bay to Bay Blvd., Suite 200 Tampa, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINEBERG, HARVEY S 180 N LASALLE ST #2200 CHICAGO IL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034 (9/99)