

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

07-06-2001 90207 042 \*\*\*550.00

**DOCUMENT # F98000004821**

1. Entity Name

**VANTAS BOCA RATON, INC.**

Principal Place of Business

Mailing Address

% VANTAS, INC.  
 90 PARK AVENUE, SUITE 3100  
 NEW YORK NY 10016

% VANTAS, INC.  
 90 PARK AVENUE, SUITE 3100  
 NEW YORK NY 10016

2. Principal Place of Business

3. Mailing Address

15305 Dallas Parkway  
 Suite, Apt. #, etc.  
 #1500, LB-20

1117 Perimeter Center West  
 Suite, Apt. #, etc.  
 #500 E

City & State

City & State

Addison, TX

Atlanta, GA

Zip

Country

Zip

Country

75001

30338

4. FEI Number

13-4018615

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD.  
 SUITE 508  
 MIAMI FL 33156-0000

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

Corporation is eligible to satisfy its Intangible 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 DP  
 NAME RUPERT, DAVID  
 STREET ADDRESS 90 PARK AVE  
 CITY-ST-ZIP NEW YORK NY 10016 ☐ Delete

TITLE P  
 NAME  
 STREET ADDRESS 15305 Dallas Parkway #1500, LB-20  
 CITY-ST-ZIP Addison, TX 75001 ☒ Change ☐ Addition

TITLE ST  
 NAME KLEIN, GARY  
 STREET ADDRESS 90 PARK AVE  
 CITY-ST-ZIP NEW YORK NY 10016 ☒ Delete

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

TITLE AS  
 NAME COOPERMAN, STEVEN  
 STREET ADDRESS 90 PARK AVE., STE. 3100  
 CITY-ST-ZIP NEW YORK NY 10016 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE VS  
 NAME Jill Louis  
 STREET ADDRESS 15305 Dallas Parkway #1500, LB-20  
 CITY-ST-ZIP Addison, TX 75001 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE T  
 NAME John Bailey  
 STREET ADDRESS 15305 Dallas Parkway #1500, LB-20  
 CITY-ST-ZIP Addison, TX 75001 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE Asst. Sec.  
 NAME J. Mark McCarty  
 STREET ADDRESS 15305 Dallas Parkway #1500, LB-20  
 CITY-ST-ZIP Addison, TX 75001 ☐ 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)(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:

J. Mark McCarty

J. Mark McCarty

6-26-01

720-677-5637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)