

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001986

1. Entity Name

OSCEOLA SPF-II, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90053 044 ***150.00

Principal Place of Business
8 CAMPUS DRIVE
ATTN: PRUDENTIAL REAL ESTATE INVESTORS
PARSIPPANY NJ 07054

Mailing Address
8 CAMPUS DRIVE
ATTN: PRUDENTIAL REAL ESTATE INVESTORS
PARSIPPANY NJ 07054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL PIZZO, VICTOR		NAME		
STREET ADDRESS	8 CAMPUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY NJ 07054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joel W. Stoesser	
STREET ADDRESS			STREET ADDRESS	8 Campus Drive, 4th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	ParsIPPany, NJ 07054	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ellen T. Kendall	
STREET ADDRESS			STREET ADDRESS	8 Campus Drive, 4th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	ParsIPPany, NJ 07054	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bernadette Coyle	
STREET ADDRESS			STREET ADDRESS	8 Campus Drive, 4th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	ParsIPPany, NJ 07054	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joseph D. Margolis	
STREET ADDRESS			STREET ADDRESS	8 Campus Drive, 4th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	ParsIPPany, NJ 07054	
TITLE		<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	James P. Walker	
STREET ADDRESS			STREET ADDRESS	8 Campus Drive, 4th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	ParsIPPany, NJ 07054	

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: Victor Del Pizzo Victor Del Pizzo, Vice President 2/17/00 973-683-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)