

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90059 008 \*\*\*150.00

**DOCUMENT # F99000001986**

1. Entity Name  
**OSCEOLA SPF-II, INC.**



Principal Place of Business <b>8 CAMPUS DIRVE ATTN: PRUDENTIAL REAL ESTATE INVESTORS PARSIPPANY NJ 07054</b>	Mailing Address <b>8 CAMPUS DIRVE ATTN: PRUDENTIAL REAL ESTATE INVESTORS PARSIPPANY NJ 07054</b>
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CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZILLA, BRAIN J</b>			NAME			
STREET ADDRESS	<b>8 CAMPUS DRIVE 4TH FLOOR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>			CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BRADFORD, DAVID N</b>			NAME			
STREET ADDRESS	<b>8 CAMPUS DRIVE 4TH FLOOR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KENDALL, ELLEN T</b>			NAME			
STREET ADDRESS	<b>8 CAMPUS DRIVE 4TH FLOOR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>			CITY-ST-ZIP			
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COYLE, BERNADETTE</b>			NAME			
STREET ADDRESS	<b>8 CAMPUS DRIVE 4TH FLOOR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>			CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARGOLIS, JOSRPH D</b>			NAME			
STREET ADDRESS	<b>8 CAMPUS DRIVE 4TH FLOOR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>			CITY-ST-ZIP			
TITLE	<b>AS</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HAYDEN, JOAN N</b>			NAME			
STREET ADDRESS	<b>8 CAMPUS DRIVE 4TH FLOOR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen T. Kendall **REQUIRED** Ellen T. Kendall, Secretary 1/13/03 (973) 734-1367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)