

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90049 034 \*\*\*150.00

<b>DOCUMENT # G48793</b>	
1. Entity Name <b>SES GROUP MANAGEMENT COMPANY</b>	
Principal Place of Business <b>9460 FONTAINEBLEAU BLVD CLUBHOUSE MIAMI FL 33172 US</b>	Mailing Address <b>P.O. BOX 56-1108 MIAMI FL 33256-1108 US</b>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1794 Victoria Pt Cir</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 26-7775</b> Suite, Apt. #, etc.
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City & State <b>Weston FL</b>	City & State <b>Weston FL</b>
Zip <b>33327</b>	Country
Country	Zip <b>33326</b>
Country	Country

4. FEI Number <b>59-2346150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>JONES, ROBERT C. 9460 FONTAINEBLEAU BLVD CLUBHOUSE MIAMI FL 33172</b>
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7. Name and Address of New Registered Agent Name <b>Melissa Rice</b> Street Address (P.O. Box Number is Not Acceptable) <b>1794 Victoria Pt Cir</b> City <b>Weston FL</b> Zip Code <b>33327</b>
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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 <b>Melissa Rice</b> DATE <b>4-20-01</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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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, 2001 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</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, ROBERT C. 9460 FONTAINEBLEAU BLVD MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT CLANCY, PETER J 9460 FONTAINEBLEAU BLVD MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 2474 Naples FL 34106</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <b>Robert C. Jones</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-20-01</b> Daytime Phone # <b>954 661 6240</b>

CR2E034 (10/00)