

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98144

1. Entity Name

SUPERIOR ASSETS II, INC.

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90059 001 \*2,200.00

19972

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1788 Hubbard Ave  
Salt Lake City UT  
84108 US

Mailing Address  
P.O. Box 58717  
Salt Lake City UT  
84158-0717 US

2. Principal Place of Business  
255 S. Orange Avenue

3. Mailing Address  
255 S. Orange Avenue

Suite, Apt. #, etc.  
Suite 1255

Suite, Apt. #, etc.  
Suite 1255

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number  
59-2633508

Applied For  
Not Applicable

Zip  
32801

Country  
US

Zip  
32801

Country  
UC

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

Virginia H. Heintzelman  
2655 Lakeshore Dr  
Orlando FL 32803

Name  
William A. Beverley  
Street Address (P.O. Box Number is Not Acceptable)  
255 S. Orange Avenue  
Suite 1255  
City  
Orlando FL Zip Code  
32801

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

*William A. Beverley*  
Signature, typed or printed name of registered agent and title if applicable

8-21-00

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marilyn H. Peterson 3069 E. Carrigan Canyon Dr. Salt Lake City UT	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jennifer Tobler 3069 E. Carrigan Canyon Dr. Salt Lake City UT	<input checked="" 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	PD Finley M. Hamilton 255 S. Orange Avenue, Suite 1255 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William A. Beverley 255 S. Orange Avenue, Suite 1255 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Michelle Brown 255 S. Orange Avenue, Suite 1255 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane Linton 255 S. Orange Avenue, Suite 1255 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joyce Ivancovich 255 S. Orange Avenue, Suite 1255 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn H. Peterson 3069 E. Carrigan Canyon Dr. Salt Lake City UT	<input checked="" 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)(f), 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:

*William A. Beverley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-21-00 (407) 835-004

CR2E034 (9/99)