

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
 03-13-2002 90129 020 \*\*\*150.00

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**DOCUMENT # J59165**

**1. Entity Name**  
**CONGRESS VENTURE TWO, INC.**

Principal Place of Business <b>3300 PGA BLVD.                  STE 620                  PALM BEACH GARDENS FL 33410-2811</b>	Mailing Address <b>3300 PGA BLVD.                  STE 620                  PALM BEACH GARDENS FL 33410-2811</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>59-2773727</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**JOHNSON, RICHARD S.  
 505 S FLAGLER DR  
 SUITE 1313  
 W PALM BCH FL 33401**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**SUITE 1010**

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, RICHARD S.</b>	
STREET ADDRESS	<b>505 S FLAGLER DR, S-1313</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, RICHARD S., JR.</b>	
STREET ADDRESS	<b>505 S FLAGLER DR, S-1300</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>COWIE, PETER V.</b>	
STREET ADDRESS	<b>3300 PGA BLVD. STE., 620</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410-2811</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MCINTOSH, ROBERT A.</b>	
STREET ADDRESS	<b>3300 PGA BLVD. STE., 620</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410-2811</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>505 S FLAGLER DR, STE 1010</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>505 S FLAGLER DR, STE 1010</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*[Signature]*  
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/7/02*  
 Date

**561-775-7393**  
 Daytime Phone #

CR2E034 (9/01)