

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K26952

1. Entity Name

SUNBELT MANAGEMENT COMPANY

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90037 038 ***150.00

Principal Place of Business

Mailing Address

% SHEPHERD D. JOHNSTON
220 CONGRESS PARK DRIVE, SUITE 215
DELRAY BEACH FL 33445

% SHEPHERD D. JOHNSTON
220 CONGRESS PARK DRIVE, SUITE 215
DELRAY BEACH FL 33445-4805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0055655

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSTON, SHEPHERD D.
220 CONGRESS PARK DRIVE
SUITE 215
DELRAY BEACH FL 33445

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)

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 ☐ Delete
NAME D
STREET ADDRESS MANN, HUGO
CITY-ST-ZIP 220 CONGRESS PK DR 215
DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
NAME svp, VS
STREET ADDRESS FALVEY, STEPHEN T.
CITY-ST-ZIP 220 CONGRESS PARK DR, #215
DELRAY BEACH, FL 33445

TITLE ☐ Delete
NAME VCD
STREET ADDRESS JOHNSTON, SHEPHERD D.
CITY-ST-ZIP 17 PELICAN ISLE
FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS REEVES, RICHARD M.
CITY-ST-ZIP 5597 PACIFIC BLVD., APT. 3401
BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FIRNGES, HANS-HEINRICH
CITY-ST-ZIP 220 CONGRESS PK DR #215
DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS SPEAR, JOHN M
CITY-ST-ZIP 8606 RODEO DR
LAKE WORTH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MANN, JOHANNES
CITY-ST-ZIP 220 CONGRESS PK DR #215
DELRAY BEACH FL

TITLE ☐ Change ☐ 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:

Stephen T. Falvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 28-00 561-265-1300

CR2E034 (9/99)