2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91333 041 ***150.00

DOCUMENT # K26952

1. Entity Name
SUNBELT MANAGEMENT COMPANY

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0055655 ☐ Applied For ☐ Not Applicable

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, 2001 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	D MANN, HUGO 220 CONGRESS PK DR 215 DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR VICE PRESIDENT RAYMOND G GARDNER 220 CONGRESS PARK DR, #215, DELRAY BEACH,	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD JOHNSTON, SHEPHERD D. 17 PELICAN ISLE FT LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FL 33445	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REEVES, RICHARD M. 5597 PACIFIC BLVD., APT. 3401 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICHARD M REEVES 5109 FOXPOINTE CIRCLE DELRAY BEACH, FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIRNGES, HANS-HEINRICH 220 CONGRESS PK DR #215 DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD D JOHNSTON 17 PELICAN ISLE FORT LAUDERDALE, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPEAR, JOHN M 8606 RODEO DR LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANN, JOHANNES 220 CONGRESS PK DR #215 DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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. Johnston 1/24/01 561-245-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #