

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90039 043 ***150.00

DOCUMENT # K26952

1. Entity Name

SUNBELT MANAGEMENT COMPANY

Principal Place of Business

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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Shepherd D. Johnston

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 | D | <input type="checkbox"/> Delete |
| NAME | MANN, HUGO | |
| STREET ADDRESS | 220 CONGRESS PK DR 215 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | SVP | <input type="checkbox"/> Delete |
| NAME | GARDNER, RAYMOND G. | |
| STREET ADDRESS | 220 CONGRESS PARK DR #215 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | REEVES, RICHARD M. | |
| STREET ADDRESS | 5109 FOXPOINTE CIRCLE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSTON, SHEPHERD D. | |
| STREET ADDRESS | 17 PELICAN ISLE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SPEAR, JOHN M | |
| STREET ADDRESS | 8606 RODEO DR | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MANN, JOHANNES | |
| STREET ADDRESS | 220 CONGRESS PK DR #215 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ULRICH D. ZIETEMANN | |
| STREET ADDRESS | 220 CONGRESS PK DR #215 | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEPHEN T. FALVEY | |
| STREET ADDRESS | 220 CONGRESS PK DR #215 | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | |
| 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 REQUIRED

2-22-01 561-265-1300

Date

Daytime Phone #

CR2E034 (9/01)