

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90260 034 \*\*\*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**

**90002817**



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **HANS FIRNGES**  
STREET ADDRESS **220 CONGRESS PARK DR 215**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **SVP** ☐ Delete  
NAME **GARDNER, RAYMOND G.**  
STREET ADDRESS **220 CONGRESS PARK DR #215**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ULRICH ZIETEMANN**  
STREET ADDRESS **220 CONGRESS PARK DR #215**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **PD** ☐ Delete  
NAME **REEVES, RICHARD M.**  
STREET ADDRESS **5109 FOXPOINTE CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

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

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

TITLE **S** ☐ Delete  
NAME **FALVEY, STEPHEN T**  
STREET ADDRESS **220 CONGRESS PK DR 215**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)