

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001180

1. Entity Name

S T PROPERTIES II, L.C.

Principal Place of Business

21 W. FEE AVENUE, SUITE F  
MELBOURNE FL 32901

Mailing Address

21 W. FEE AVENUE, SUITE F  
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

~~P.O. Box 1110~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~MELBOURNE, FL~~

Zip

Country

Zip

Country

~~32902~~

~~BRUNAD~~

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORNT0, SAMUEL E

21 W. FEE AVENUE, SUITE F  
MELBOURNE FL 32901

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GORNT0, SAMUEL E  
21 W. FEE AVENUE, SUITE F  
MELBOURNE FL 32901

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
900003602169--0  
-01/30/01--01098--011  
\*\*\*\*\*58.00 \*\*\*\*\*58.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Samuel E. Gornito*  
**SAMUEL E. GORNT0, MANAGER**

1-8-01

321-724-0641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)