## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L30985 May 01, 2000 8:00 am 1. Entity Name Secretary of State SUNBELT MANAGEMENT OF THE PALM BEACHES, INC. 05-01-2000 90438 032 \*\*\*158.75 Mailing Address Principal Place of Business 111 WINTER CLUB COURT 111 WINTER CLUB COURT PALM BEACH GARDENS FL 33458-8338 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 216 Anhina DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0177132 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33458 8338 33428 Fee Required 8338 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHREIBER, MARC Street Address (P.O. Box Number is Not Acceptable) 111 WINTER CLUB COURT PALM BEACH GARDENS FL 33410 its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Delete TITLE SCHREIBER, MARC NAME 216 Anhinga Ln STREET ADDRESS 111 WINTER CLUB CT STREET ADDRESS CITY-ST-ZIP PALM BEACH GDNS FL CITY-ST-ZIP TITLE ☐ Delete SCHREIBER, ERIC NAME NAME 2060 Chagall Circle West Palm Beach FL 33409-7522 STREET ADDRESS 1935 HARTFORD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL - Delete JIII.E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Schneiber Pres. 4/6

561-741-0252

Daytime Phone #