

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022535

1. Entity Name

ST MANAGEMENT CORP.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90289 020 \*\*\*150.00

Principal Place of Business

Mailing Address

1600 GOLF ROAD  
SUITE 750  
ROLLING MEADOWS IL 60008

1600 GOLF ROAD  
SUITE 750  
ROLLING MEADOWS IL 34677-2466

2. Principal Place of Business

1032 East Lake Club Dr.

3. Mailing Address

1032 East Lake Club Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Oldsmar FL

4. FEI Number

65-0579626

Applied For

Not Applicable

Zip

Country

34677

Zip

Country

34677

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~MOMBACH, GEOFFREY S~~  
500 E. BROWARD BLVD.  
SUITE 1950  
FORT LAUDERDALE FL 33394

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, 2000 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 ☐ Delete  
NAME D  
STARNES, BOB  
STREET ADDRESS 1600 GP;F RD. STE 750  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1032 East Lake Club Drive  
CITY-ST-ZIP Oldsmar, FL 34677

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000 727-781-1988

CR2E034 (9/99)