

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90276 047 ***158.75

DOCUMENT # P95000041629

1. Entity Name
CORAL SPRINGS VENTURE II, INC.

Principal Place of Business 10772 LA PLACIDA DR 104 CORAL SPRINGS FL 33065 US	Mailing Address P.O. BOX 8533 CORAL SPRINGS FL 33075 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8240 Sw 24th St

3. Mailing Address

Suite, Apt. #, etc.
307

Suite, Apt. #, etc.

City & State
N. Lauderdale, FL

City & State

4. FEI Number **65-0598485**

Applied For
 Not Applicable

Zip
33068

Country
US

Zip

Country

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

**CAPWELL, ANGELA J
 10772 LA PLACIDA DR
 104
 CORAL SPRINGS FL 33065**

Name **Richard L. Scott**

Street Address (P.O. Box Number is Not Acceptable)
**8240 Sw 24th Street
 # 307**

City **N. Lauderdale** FL Zip Code **33068**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/21/01**

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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAPWELL, ANGELA J 10772 LA PLACIDA DR 104 POMPANO BEACH FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Laurie Ann Smith 339 Riverside Dr. Pasadena, MD 21122 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Laurie Ann Smith* Laurie Ann Smith 1/21/01 (954) 755-2466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)