

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049398

1. Entity Name

RINDNER/SCANTLEBURY BUILDING AND DESIGN II, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90023 037 \*\*\*150.00

Principal Place of Business

Mailing Address

8489 LEGEND CLUB DRIVE  
242  
WEST PALM BCH FL 33412

20110 BOCA W. DR  
242  
BOCA RATON FL 33434-5245

2. Principal Place of Business

3. Mailing Address

20110 BOCA W. DR

SAMP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 242

City & State

City & State

BOCA RATON

Zip

Country

Zip

Country

33434

PALM BEACH

4. FEI Number

65-0596152

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

RINDNER, MARTIN  
20110 BOCA WEST DRIVE  
BOCA RATON FL 33434

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

*Martin Rindner*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
RINDNER, MARTIN  
20110 BOCA WEST DRIVE  
BOCA RATON FL 33434 ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
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RINDNER, ANITA  
20110 BOCA WEST DRIVE  
BOCA RATON FL 33434 ☐ Delete

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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:

*Martin Rindner* MARTIN RINDNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 561 483 8015

CR2E034 9/99