2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver trustee err changed, or on an attachment with an address

SIGNATURE:

trustee em

FILED Mar 13, 2000 8:00 am DOCUMENT # **P95000090749** Secretary of State STONYBROOK INVESTORS, INC. 03-13-2000 90042 047 ***158.75 Mailing Address Principal Place of Business 7227 CLINT MOORE BLVD 7227 CLINT MOORE BLVD BOCA RATON FL 33496-1402 **BOCA RATON FL 33496** ~~~~~~~ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0623159 Not Applicable _Country - Zip Country _Zip⊷ \$8.75 Additional 5. 'Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REITSMA, RONALD A. Street Address (P.O. Box Number is Not Acceptable) 7227 CLINT MOORE ROAD **BOCA RATON FL 33496** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. ☐ Addition PTD Delete TITLE NAME ANSEL, JEROME NAME STREET ADDRESS 7227 CLINTMOORE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33496** ☐ Addition ☐ Change □ Delete TITLE TITLE REITSMA, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 7227 CLINTMOORE RD. CITY-ST-ZIP CITY: ST-ZIP BOCA RATON FL 33496 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with indicated on this report or supplemental report es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information burate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if