

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90039 046 ***150.00

DOCUMENT #

1. Entity Name

OP II, Inc.

P96000099787

Principal Place of Business

Mailing Address.

2. Principal Place of Business

2381 Executive Center Drive

3. Mailing Address

2381 Executive Center Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton

4. FEI Number

65-0716949

Applied For

Not Applicable

Zip

33431

Country

PAH Beach

Zip

33431

Country

PAH Beach

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

CT CORPORATION SYSTEM

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

1800 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

TITLE	PRESIDENT & SECRETARY <input type="checkbox"/> Delete
NAME	KEITH R. BROCKMAN
STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VP & Treasurer & Director <input type="checkbox"/> Delete
NAME	ROBERT P. TOTTE
STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VP & Asst. Secretary <input type="checkbox"/> Delete
NAME	STEVEN P. BERRETH
STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	ASST. SECRETARY <input type="checkbox"/> Delete
NAME	BARBARA L. ALLEN
STREET ADDRESS	3600 N. Hydraulic
CITY-ST-ZIP	Wichita, KS 67219
TITLE	ASST. SECRETARY <input type="checkbox"/> Delete
NAME	KIM VALLIN
STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	MELINDA C. ELLSWORTH
STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	Boca Raton, FL 33431

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert P. Totte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000

Date

(561) 912-4100

Daytime Phone #

CR2E034 (9/99)