

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099915

1. Entity Name
SDC MANAGEMENT CORPORATION

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90024 024 ***550.00

Principal Place of Business
37 N ORANGE AVE
STE 800
ORLANDO FL 32801

Mailing Address
37 N ORANGE AVE
STE 800
ORLANDO FL 32801

A0077527



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

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

Name RAMSEY W. DULIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
201 E. PINE STREET

STE. 425

City ORLANDO

FL

Zip Code 32801

~~KLEIN, JEFFREY L~~
~~37 N ORANGE AVE~~
~~STE 800~~
~~ORLANDO FL 32801~~

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)

9/11/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME KLEIN, JEFFREY L
STREET ADDRESS 37 N ORANGE AVE STE 800
CITY-ST-ZIP ORLANDO FL 32801

TITLE PRESIDENTS
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.11.00 407.872.1197

Date

Daytime Phone #

CR2E034 (5/00)