2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000005382 Apr 06, 2000 8:00 am Secretary of State 1. Entity Name STONEBRIDGE LANDINGS II DEVELOPMENT, INC. 04-06-2000 90032 016 ***150.00 Principal Place of Business Mailing Address 701 BRICKELL AVENUE. SUITE 1400 701 BRICKELL AVENUE. SUITE 1400 **SUITE 1400 SUITE 1400** MIAMI FL 33131-2820 MIAMI FL 33131-2822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0795201 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOSIK, VICTOR L Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 1400** MIAMI FL 33131-2822 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS 12. P/D TITLE ☐ Change Addition TITLE ☐ Delete PITTS, W. DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 1400 CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33131-2822 ☐ Change ☐ Addition ☐ Delete TITLE TITLE COURTELIS, PAN NAME NAME 701 BRICKELL AVENUE, SUITE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2822 ☐ Change . Addition ☐ Delete TITLE TITLE VASSILAROS, ELIAS NAME NAME 701 BRICKELL AVENUE, SUITE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2822 Change ☐ Addition ☐ Delete TITLE TITLE KURPS, JAMES NAME NAME 701 BRICKELL AVENUE, SUITE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2822 Delete TITLE Change Addition TITLE PRIDGEN, DOUGLAS NAME NAME STREET ADDRESS 701 BRICKELL AVENUE, SUITE 1400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2822 Change Addition ☐ Delete TITLE TITLE MCNEEL, VAN L NAME NAME STREET ADDRESS 5401 W KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33069**

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 avaddress with all other like empowered.

SIGNATURE:

oughs Hiludes

21/00 305-379-846