

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90061 027 \*\*\*150.00

**DOCUMENT # P97000067641**

1. Entity Name  
**S.C.B. FUNDING GROUP, INC.**

Principal Place of Business <b>100 EAST LINTON BLVD.          SUITE 115B          DELRAY BEACH FL 33483</b>	Mailing Address <b>100 EAST LINTON BLVD.          SUITE 115B          DELRAY BEACH FL 33483-3345</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>100 E. Linton Blvd.</b>	3. Mailing Address <b>100 E. Linton Blvd.</b>
Suite, Apt. #, etc. <b>122B</b>	Suite, Apt. #, etc. <b># 122B</b>

City & State <b>Delray Bch, FL</b>	City & State <b>Delray Bch, FL</b>	4. FEI Number <b>65-0775850</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33483</b>	Country <b>U.S. Palm Beach</b>	Zip <b>33483</b>	Country <b>United States</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROSENWATER, BRUCE S  
 CENTURION TOWER, SUITE 1200  
 1601 FORUM PLACE  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PSTD BLUMBERG, STEVEN C 3300 N PORT ROYALE DRIVE FORT LAUDERDALE FL 33308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DILLER, HEATHER C/O 3300 N PORT ROYALE DRIVE FORT LAUDERDALE FL 33308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **BRUCE S ROSENWATER** **3/22/2000 (56) 278-2114**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)