

2001 UNIFORM BUSINESS REPORT (UBR)

0479683

DOCUMENT # P97000083206

1. Entity Name

METRO PLACE II, INC.

Principal Place of Business

800 N. HIGHLAND AVENUE, STE. 200
ORLANDO FL 32803

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802-4961

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., STE. 1100
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	TUTTLE, MILLS L	
STREET ADDRESS	800 N. HIGHLAND AVENUE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MCKINNEY, EUGENE L	
STREET ADDRESS	800 N. HIGHLAND AVENUE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	LAWLER, THOMAS P	
STREET ADDRESS	800 N. HIGHLAND AVENUE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WILLNER, DAVID M	
STREET ADDRESS	800 N. HIGHLAND AVENUE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	PEISNER, ERIC	
STREET ADDRESS	800 N. HIGHLAND AVENUE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	KROPP, STEVEN G	
STREET ADDRESS	800 N. HIGHLAND AVENUE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32803	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100004161831--4
STREET ADDRESS	-05/08/01--01059--003
CITY-ST-ZIP	***150.00 ***150.00
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN G. KROPP PRESIDENT

Date

Daytime Phone #

4-19-01

407-297-1600



DO NOT WRITE IN THIS SPACE

FILED
01 APR 27 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (10/00)