

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90028 026 \*\*\*550.00

**DOCUMENT #** P98000057812

**1. Entity Name**

STODDARD REALTY MANAGEMENT GROUP II, INC.

**Principal Place of Business**

2452 PGA Blvd  
 Palm Beach Gardens, FL  
 33410

**Mailing Address**

P.O. Box 210608  
 Royal Palm Beach, FL  
 33421-0608

**2. Principal Place of Business**

2000 PGA Blvd

Suite, Apt. #, etc.  
 Suite 4450

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

Palm Beach Gardens, FL

**City & State**

Palm Beach Gardens, FL

**4. FEI Number**

65-0846687

**Applied For**

Not Applicable

**Zip**  
 33408

**Country**

**Zip**

**Country**

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

**6. Name and Address of Current Registered Agent**

James B. Lyon  
 1881 University Drive  
 Coral Springs, FL 33071

**7. Name and Address of New Registered Agent**

**Name**

Bates F. Stoddard

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

2000 PGA Blvd

Suite 4450

**City**

Palm Beach Gardens

**FL**

**Zip Code**  
 33408

**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**

*Bates F. Stoddard*  
 Signature, typed or printed name of registered agent and title if applicable

Bates F. Stoddard, President

(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** D, P ☐ Delete  
**NAME** Bates F. Stoddard  
**STREET ADDRESS** 2000 PGA Blvd, Ste 4450  
**CITY-ST-ZIP** Palm Beach Gardens, FL 33408

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ 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

Bates F. Stoddard

**Date**

561-799-1010

**Daytime Phone #**

CR2E034 (9/99)