

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90009 015 \*\*\*550.00

**DOCUMENT # P98000057812**

1. Entity Name  
**STODDARD REALTY MANAGEMENT GROUP II., INC.**

Principal Place of Business  
**2000 PGA BLVD  
 SUITE 4450  
 NORTH PALM BEACH FL 33408  
 US**

Mailing Address  
**PO BOX 210608  
 ROYAL PALM BCH FL 33421-0608  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Palm Beach Gardens**

City & State

4. FEI Number  
**65-0846687**

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

**STODDARD, BATES F  
 2000 PGA BLVD  
 SUITE 4450  
 PALM BEACH GARDENS FL 33408**

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, register applicable.

(NOTE: Registered Agent is not required when relocating)

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 12, 2001 Fee 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 **DP** ☐ Delete  
 NAME **STODDARD, BATES F**  
 STREET ADDRESS **2000 PGA BLVD, STE 4450**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33408**

TITLE **DV** ☐ Change ☒ Addition  
 NAME **DIANE C. STODDARD**  
 STREET ADDRESS **2000 PGA Blvd #4450**  
 CITY-ST-ZIP **Palm Beach Gardens, FL 33408**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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 or powered.

SIGNATURE:

**STODDARD, BATES F**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

CR2E034 (5/01)