

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096318

1. Entity Name

STRATEGIC CAPITAL PARTNERS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90065 042 ***150.00

Principal Place of Business

126 E. JEFFERSON STREET
 ORLANDO FL 32801

Mailing Address

126 E. JEFFERSON STREET
 ORLANDO FL 32801-1822

2. Principal Place of Business

101 Philippe Parkway
 Suite Apt. #, etc.
 #302

3. Mailing Address

101 Philippe Parkway
 Suite Apt. #, etc.
 #302



DO NOT WRITE IN THIS SPACE

City & State
 Safety Harbor FL

City & State
 Safety Harbor FL

4. FEI Number 59-3541143

Applied For

Not Applicable

Zip 34695 Country USA

Zip 34695 Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

J. BENNETT GROCOCK
 126 E. JEFFERSON STREET
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Thomas P. McNamara
 Street Address (P.O. Box Number is Not Acceptable)
 2909 Bay to Bay Blvd.
 Suite 309
 City Tampa FL Zip 33629

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE 4/24/00

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 ☒ Delete
 NAME J. BENNETT GROCOCK
 STREET ADDRESS 126 E. JEFFERSON STREET
 CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☒ Delete
 NAME KNAUS, GARY
 STREET ADDRESS 4509 ARBORVIEW
 CITY-ST-ZIP LISLE IL 60532

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, S, T ☐ Change ☒ Addition
 NAME Richard Flanigan
 STREET ADDRESS 101 Philippe Parkway, #302
 CITY-ST-ZIP Safety Harbor, FL 34695

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

TITLE D, VP ☐ Change ☒ Addition
 NAME Michael D. Flanigan
 STREET ADDRESS 101 Philippe Parkway, #302
 CITY-ST-ZIP Safety Harbor, FL 34695

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

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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00 127 669-6767
 Date Daytime Phone #

CR2E034 (9/99)