

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000101522**

1. Entity Name

**BOCA II LP, INC.****FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90063 014 \*\*\*158.75

Principal Place of Business

Mailing Address

**1819 PEACHTREE ROAD, SUITE 610  
ATLANTA GA 30309****1819 PEACHTREE ROAD, SUITE 610  
ATLANTA GA 30309-1850**

2. Principal Place of Business

**3348 Peachtree Rd.**

3. Mailing Address

**3348 Peachtree Rd.**

Suite, Apt. #, etc.

**Suite 675**

Suite, Apt. #, etc.

**Suite 675**

City &amp; State

**Atlanta, Ga.**

City &amp; State

**Atlanta, Ga.**

4. FEI Number

**58-2454204**

Applied For

Not Applicable

Zip

**30326**

Country

**30326**

Country

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****TAGUE, BRIAN P  
201 S BISCAYNE BLVD., STE. 2600  
MIAMI FL 33131****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, 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	PD	<input type="checkbox"/> Delete
NAME	<b>SONGY, DAVID</b>	
STREET ADDRESS	<b>1819 PEACHTREE ROAD, SUITE 610</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30309</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Songy, David B.</b>	
STREET ADDRESS	<b>3349 Peachtree Rd. #675</b>	
CITY-ST-ZIP	<b>Atlanta, Ga. 30326</b>	

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		

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

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**David B. Songy****4/17/00**

Date

**(404)995-8170**

Daytime Phone #

CR2E034 (9/99)