

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90071 034 ***158.75

DOCUMENT # P99000014306

1. Entity Name

REEVES GROUP II, INC.

Principal Place of Business

**2000 PALM BEACH LAKES BLVD. SUITE 200
WEST PALM BEACH FL 33409**

Mailing Address

**2000 PALM BEACH LAKES BLVD. SUITE 200
WEST PALM BEACH FL 33409-6504**

2. Principal Place of Business

2884 S. Military Tr
Suite, Apt. #, etc.

3. Mailing Address

9485 EL CLAIR RANCH RD
Suite, Apt. #, etc.

City & State

W Palm Beach FL

City & State

Boynton Beach FL

Zip

33415

Country

Palm Beach

Zip

33437

Country

Palm Beach

6. Name and Address of Current Registered Agent

**REEVES, RONALD
9485 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437**

4. FEI Number

65-0895194

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

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 **D** ☐ Delete
NAME **REEVES, MADELINE**
STREET ADDRESS **9485 EL CLAIR RANCH ROAD**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete
NAME **REEVES, RONALD**
STREET ADDRESS **9485 EL CLAIR RANCH ROAD**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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 **PRESIDENT, Secretary** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President, Treasurer** ☐ 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)(l), 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: **R. Reeves**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-438-

R. Reeves President 1/25/00 0081