

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032727

1. Entity Name

MAPLE GENERAL, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90005 005 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br>222 LAKEVIEW AVE., STE. 800<br>WEST PALM BEACH FL 33401 | Mailing Address<br>222 LAKEVIEW AVE., STE. 800<br>WEST PALM BEACH FL 33401-6148 |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>7777 Glades Rd.<br>Suite, Apt. #, etc.<br>201 | 3. Mailing Address<br>7777 Glades Rd.<br>Suite, Apt. #, etc.<br>201 |
| City & State<br>Boca Raton, Fla.  | City & State<br>Boca Raton, Fla.                                    |
| Zip<br>33434  | Zip<br>33434  |
| Country<br>USA  | Country<br>USA  |



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 4. FEI Number<br>65-0924415                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br>ROSEN, MARVIN S<br>222 LAKEVIEW AVE., STE. 800<br>WEST PALM BEACH FL 33401 | 7. Name and Address of New Registered Agent<br>Name<br>Melissa Crowe<br>Street Address (P.O. Box Number is Not Acceptable)<br>7777 Glades Road<br>Ste. # 201<br>City<br>Boca Raton, FL<br>Zip Code<br>33434 |
|---|---|

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 Melissa Crowe 1/21/00  
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. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Jeffrey L. Schmier<br>7777 Glades Rd., Ste. 201<br>Boca Raton, Fla. 33434 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>David Epstein<br>7777 Glades Rd. # 201<br>Boca Raton, Fla. 33434 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>Melissa Crowe<br>7777 Glades Rd. # 201<br>Boca Raton, Fla. 33434 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Melissa Crowe 1/27/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)