

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91166 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079016

1. Entity Name

SK II GP, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4400 PGA Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Palm Beach Gardens FL

Zip
33410

Country

3. Mailing Address

4400 PGA Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Palm Beach Gardens FL

Zip
33410

Country

4. FEI Number

65-0955166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cherry, Richard G.

Street Address (P.O. Box Number is Not Acceptable)

4400 PGA Blvd.

Suite 900

City Palm Beach Gardens

FL

Zip Code
33410

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
J. Michael Stetson
900 S. Federal Hwy., Ste. 321
Stuart, FL 34994

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Gerald F. Richman
250 Australian Ave. Ste. 1504
West Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President & Secretary
H. Kent Mergler
3980 SE Old St. Lucie Blvd.
Stuart, FL 34996

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Michael Stetson
President

5/29/2002 772-286-2400
Date Daytime Phone #

CR2E034B (12/01)