# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087161

1. Entity Name
NOBLE MANAGEMENT II COMPANY

FILED
00 MAY -3 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5821 Lake Worth Road
Greenacres, FL 33463

Mailing Address
5821 Lake Worth Road
Greenacres, FL 33463

2. Principal Place of Business
5821 Lake Worth Rd.
Suite, Apt. #, etc.

3. Mailing Address
5821 Lake Worth Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Greenacres, FL

City & State
Greenacres, FL

4. FEI Number
Applied For

Applied For
Not Applicable

Zip
33463

Country

Zip
33463

Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Alexandra C. Cook, C.P.A.
c/o Noble Properties
5821 Lake Worth Road
Greenacres, FL 33463

7. Name and Address of New Registered Agent

Name
Matthew C. Hart

Street Address (P.O. Box Number is Not Acceptable)
c/o Noble Properties
5821 Lake Worth Road

City
Greenacres,
FL
Zip Code
33463

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, type or printed name of registered agent and be a signature.
Matthew C. Hart
(NOTE: Registered agent signature required when submitting)
05/01/00
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition |
|---|---|
| Vice President<br>Matthew C. Hart<br>5821 Lake Worth Road<br>Greenacres, FL 33463 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| 900003246793--6<br>-05/10/00--01078--009 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| ****125.00 ****61.25 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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: Matthew C. Hart 05/01/00 (561) 966-0070
SIGNATURE OF OFFICER OR DIRECTOR
Date
Daytime Phone #

SP