

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720718

1. Entity Name

MAINLANDS FIVE, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90211 044 \*\*\*\*70.00

Principal Place of Business 4890 N.W. 50TH STREET TAMARAC FL 33319	Mailing Address 4890 N.W. 50TH STREET TAMARAC FL 33319-3657
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-235 1360

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAUS, JACK A. PRESID  
 4716 NW 49TH PLACE  
 MAINLANDS FIVE, INC.  
 TAMARAC FL 33319

Name: JAMES BERARDI PRESIDENT  
 Street Address (P.O. Box Number is Not Acceptable)  
4760 N.W. 49TH COURT  
 City TAMARAC FL Zip Code 33319

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 James Berardi  
Signature, typed or printed name of registered agent and title if applicable.

1-24-2000  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILPON, SIMON	
STREET ADDRESS	4944 NW 49 AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPENCER, LUCY	
STREET ADDRESS	4804 NW 49TH PLACE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COUGHLAN, PHYLLIS	
STREET ADDRESS	4806 NW 49 CT.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINAN, CHARLES	
STREET ADDRESS	4920 NW 48 AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, BEVERLY	
STREET ADDRESS	9422 NW 48 AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOOPS, MARILYN	
STREET ADDRESS	4957 NW 47 TERRACE	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET L. CLAUS	
STREET ADDRESS	4716 N.W. 49TH PLACE	
CITY-ST-ZIP	TAMARAC, FL. 33319	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA CRAKER	
STREET ADDRESS	4813 N.W. 49TH PLACE	
CITY-ST-ZIP	TAMARA, FL. 33319	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret L. Claus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000  
Date

(954) 731-4940  
Daytime Phone #

CR2E037 (9/99)