

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90156 049 ****61.25

DOCUMENT # 746854

1. Entity Name

SPIRIT OF THE 50'S, INC.

Principal Place of Business

Mailing Address

3606 EAST 23RD ST
 ALVA FL 33920
 US

3606 EAST 23RD ST
 ALVA FL 33920-1314
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 7523
 Suite, Apt. #, etc.

P.O. Box 7523
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. Myers, FL

City & State
FT. Myers, FL

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip
33911 Country
U.S.

Zip
33911 Country
U.S.

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

ANDREWS, ALAN L
3606 EAST 23RD ST
ALVA FL 33920

Name **Denise MANGUS**
 Street Address (P.O. Box Number is Not Acceptable)
1650 Cushman Circle
 City **Ft. Myers** FL Zip Code **33901**

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 Denise Mangus, President 4/25/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	VD LAWRENCE, BERNIE 7650 CUSHMAN CIR FT. MYERS FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGUS, DENISE PO BOX 7523 FT MYERS FL 33911	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANGUS, DON PO BOX 7523 N/A FT MYERS FL 33911	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BULLION, KIM 1650 CUSHMAN CIR N FT MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Stig 3414 22nd St. S.W. Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Denise Mangus 1650 Cushman Circle Ft. Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON MANGUS 1650 Cushman Circle Ft. Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Stig 3414 22nd St. S.W. Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: S. Denise Mangus 4/25/00 (941) 278-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)