

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005105

1. Entity Name

**MENIN DEVELOPMENT COMPANIES, INC.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90078 030 \*\*\*150.00

Principal Place of Business

Mailing Address

201 N. US HWY 1, SUITE D-5  
 JUPITER FL 33477

7443 LEE DAVIS ROAD  
 SUITE #300  
 MECHANICSVILLE VA 23111-4400  
 US

2. Principal Place of Business

201 North U.S. Hwy One

3. Mailing Address

201 North U.S. Hwy One

Suite, Apt. #, etc.  
 D-5

Suite, Apt. #, etc.  
 D-5

City & State  
 Jupiter, FL

City & State  
 Jupiter, FL

4. FEI Number  
**13-3362734**

Applied For  
 Not Applicable

Zip  
 33477

Country  
 Palm Beach

Zip  
 33477

Country  
 Palm Beach

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

**BOYLE, CONRAD J ESQ**  
**MOMBACH, BOYLE & HARDIN**  
**500 E. BROWARD BLVD, SUITE 1950**  
**FT LAUDERDALE FL 33394**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PSTD MENIN, CRAIG I**  
 STREET ADDRESS **7443 LEE DAVIS RD, SUITE 300**  
 CITY-ST-ZIP **MECHANICSVILLE VA 23111**

TITLE  Change  Addition  
 NAME **President Menin, Craig I.**  
 STREET ADDRESS **201 North U.S. Hwy One, D-5**  
 CITY-ST-ZIP **Jupiter, FL 33477**

TITLE  Delete  
 NAME **V O'BRIEN, J. THOMAS JR**  
 STREET ADDRESS **7443 LEE DAVIS RD, SUITE 300**  
 CITY-ST-ZIP **MECHANICSVILLE VA 23111**

TITLE  Change  Addition  
 NAME **Vice President Jacoby, Robert C.**  
 STREET ADDRESS **201 North U.S. Hwy One, D-5**  
 CITY-ST-ZIP **Jupiter, FL 33477**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 561/747-4883  
 Date Daytime Phone #

CR2E034 (9/99)