

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90092 027 ***150.00

DOCUMENT # **P93000019075**

1. Entity Name
MONAHAN MANAGEMENT COMPANY

Principal Place of Business
**419 ANASTASIS BLVD.
 ST. AUGUSTINE FL 32084**

Mailing Address
**419 ANASTASIS BLVD.
 ST. AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: **59-3207509**
 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
**MONAHAN, CLARK V.
 419 ANASTASIA BLVD.
 JACKSONVILLE FL 32084**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$650.00
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 NAME Delete
PD MONAHAN, CLARK V
 STREET ADDRESS **419 ANASTASIA BLVD.**
 CITY-STATE-ZIP **ST. AUGUSTINE FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME Delete
D MONAHAN, BONNIE K
 STREET ADDRESS **419 ANASTASIA BLVD.**
 CITY-STATE-ZIP **ST. AUGUSTINE FL 32084**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-STATE-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: **BONNIE K. MONAHAN** *Bonnie K Monahan* 4/24/01 904-797-5670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.

CR2E034 (10.00)