

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90002 025 ***150.00

0600470 AT

DOCUMENT # 268362

1. Entity Name
MANKO CO

Principal Place of Business

**20985 W HWY 40
P.O.BOX 369
DUNNELLON FL 34430
US**

Mailing Address

**20985 W HWY 40
P.O.BOX 369
DUNNELLON FL 34430
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0999683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANDY, THOMAS L.
20985 W HWY 40
P.O.BOX 369
DUNNELLON FL 34430**

7. Name and Address of New Registered Agent

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

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

(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, 2002 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 **PD** ☐ Delete
NAME **SANDY, THOMAS**
STREET ADDRESS **20985 W HWY 40**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **D** ☐ Change ☒ Addition
NAME **W. R. Elliott III**
STREET ADDRESS **2124 SE 12th Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **D** ☒ Delete
NAME **SANDY, JOHN THOMAS**
STREET ADDRESS **20985 W HWY 40**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **D** ☐ Change ☒ Addition
NAME **John N. Sandy**
STREET ADDRESS **5175 SE 20th Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **D** ☐ Delete
NAME **CAMP, KEVIN B**
STREET ADDRESS **20985 W HWY 40**
CITY-ST-ZIP **DUNNELLON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **CAMP, GENE**
STREET ADDRESS **20985 W HWY 40**
CITY-ST-ZIP **DUNNELLON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **MCINTOSH, GAY C**
STREET ADDRESS **20985 W HWY 40**
CITY-ST-ZIP **DUNNELLON FL**

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]* **Tom Sandy, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02

Date

3520489-2563

Daytime Phone #

CR2E034 (9/01)