

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681465

1. Entity Name

BUCHANAN MANAGEMENT COMPANY

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90062 020 ***158.75

Principal Place of Business

317 RIVEREDGE BLVD.
 PO BOX 2148
 COCOA FL 32922

Mailing Address

317 RIVEREDGE BLVD.
 PO BOX 2148
 COCOA FL 32922-7949

951281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Attn: Corporate Accounting
 Suite, Apt. #, etc.

375 Commerce Parkway

City & State

Rockledge, FL 32955

Zip

Country
 USA

3. Mailing Address

Attn: Corporate Accounting

Suite, Apt. #, etc.

375 Commerce Parkway

City & State

Rockledge, FL

Zip

32955

Country

USA

4. FEI Number

59-2050100

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, M S
 375 COMMERCE PKWY
 STE 201
 ROCKLEDGE FL 32955

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, 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

TITLE **STD** ☐ Delete
 NAME **BOUGHTON, WELBY E.**
 STREET ADDRESS **375 COMMERCE PKWY, STE 201**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **PD** ☐ Delete
 NAME **BUCHANAN, GAIL D**
 STREET ADDRESS **375 COMMERCE PKWY, STE 201**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☐ Delete
 NAME **BUCHANAN, M S**
 STREET ADDRESS **375 COMMERCE PKWY, STE 201**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Welby E. Boughton **WELBY E. BOUGHTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 321 631-0070

CR2E034 (3/99)