

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90219 037 ***150.00

DOCUMENT #

1. Entity Name **NEM MANAGEMENT CORP** **848896** ✓

Principal Place of Business

Mailing Address

801 SPYGLASS LN **Same**
VERO BEACH, FL 32963

00063143

2. Principal Place of Business

3. Mailing Address

801 SPYGLASS LN **Same**
 Suite, Apt. #, etc. **801 B** Suite, Apt. #, etc. **Same**

DO NOT WRITE IN THIS SPACE

City & State **VERO BEACH**

City & State **Same**

4. FEI Number **22-186 3234**

Applied For
 Not Applicable

Zip **32963**

Country **INDIAN RIVER**

Zip **Same**

Country

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

JOHN TYNAN
6359 LONGLEAF PINE DR.
JUPITER FL 33458

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P & T & DR	<input type="checkbox"/> Delete
NAME	CHARLES F. RODGERS	
STREET ADDRESS	801 SPYGLASS LN	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ROBERT E GESELL	
STREET ADDRESS	60 EDGEWOOD	48236
CITY-ST-ZIP	GROSSE POINTE SHORES, MICH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Charles F. Rodgers, Pres.**

4-27-00

561-231-5867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)