## 2001 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## **FILED** Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # F97334** 1. Entity Name CONNELL & MANZIEK REALTY, INC. 01-22-2001 90131 033 \*\*\*150.00 Principal Place of Business Mailing Address 2107 AIRPORT BLVD. 2107 AIRPORT BLVD. P.O.BOX 2245 P.O.BOX 2245 PENSACOLA FL 32513 PENSACOLA FL 32513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2215331 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN MATRE, THOMAS G., JR Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD., SUITE #16 PENSACOLA FL 32513 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PST** ☐ Delete TITLE CR2E034 (10/00) Addition ☐ Change NAME CONNELL, JOHN BAARS NAME STREET ADDRESS PO BOX 2245 STREET ADDRESS CITY-ST-7IP PENSACOLA FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CONNELL, JOHN BAARS NAME STREET ADDRESS PO BOX 2245 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL TITLE ☐ Delete TITLE Change ☐ Addition NAME MANZIEK, KENNETH N NAME STREET ADDRESS 41 SUGAR BOWL LANE STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHAMBERS, PATRICIA L NAME STREET ADDRESS 7985 GAWIN DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.