

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 06, 2001 08:00 AM****Secretary of State****DOCUMENT # F99000003178**1. Entity Name
MENEMSHA DEVELOPMENT GROUP, INC.

Principal Place of Business 525 SOUTH DOUGLAS STREET, SUITE 230 EL SEGUNDO CA 90245	Mailing Address 525 SOUTH DOUGLAS STREET, SUITE 230 EL SEGUNDO CA 90245
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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
33-0517470
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US

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 _____ 07/06/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANDLEY RONALD	
STREET ADDRESS	525 SOUTH DOUGLAS STREET, SUITE 230	
CITY-ST-ZIP	EL SEGUNDO CA 90245	

TITLE	VC	<input type="checkbox"/> Delete
NAME	SPERONI THOMAS	
STREET ADDRESS	525 SOUTH DOUGLAS STREET, SUITE 230	
CITY-ST-ZIP	EL SEGUNDO CA 90245	

TITLE	CP	<input type="checkbox"/> Delete
NAME	DAIGLE JOHN V	
STREET ADDRESS	525 SOUTH DOUGLAS STREET, SUITE 230	
CITY-ST-ZIP	EL SEGUNDO CA 90245	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPNAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPNAME ☐ Change ☐ AdditionSTREET ADDRESS
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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: John Daigle

CP

07/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)