

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90560 035 ***158.75

DOCUMENT # G66500

1. Entity Name

MANNAUSA DEVELOPMENT COMPANY



Principal Place of Business

**1343 MAIN STREET, 5TH FLOOR
SARASOTA FL 34236**

Mailing Address

**1343 MAIN STREET, 5TH FLOOR
SARASOTA FL 34236**

2. Principal Place of Business

4655 52nd PL W

3. Mailing Address

4655 52nd PL W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BRADENTON FL

City & State
BRADENTON, FL

4. FEI Number
59-2334202

Applied For

Not Applicable

Zip
34210

Country
USA

Zip
34210

Country
USA

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

MANNAUSA, THOMAS J.

**1343 MAIN STREET, 5TH FLOOR
SARASOTA FL 34236**

Name

4655 52nd PL W
(P.O. Box Number is Not Acceptable)

City
BRADENTON

FL **34210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
MANNAUSA, THOMAS J.
1343 MAIN ST, 5TH FLOOR
SARASOTA FL** ☐ Delete

TITLE
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1343 MAIN ST, 5TH FLOOR
SARASOTA FL** ☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)