

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12129

1. Entity Name

MANAGEMENT AFFILIATES, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90032 004 ***150.00

Principal Place of Business

C/O DEBORAH METCALFE
601 EAST ROLLINS ST
ORLANDO FL 32803
US

Mailing Address

C/ODEBORAH METCALFE
2400 BEDFORD RD 2ND FLOOR
ORLANDO FL 32803-1418
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O DEBORAH METCALFE
2400 BEDFORD RD 2ND FLOOR
ORLANDO, FL 32803
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2441645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METCALFE, DEBORAH
601 E ROLLINS ST
ORLANDO FL 32803

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 D	CD	<input checked="" type="checkbox"/> Delete
NAME	SAGER, BILL	<input checked="" type="checkbox"/> Change
STREET ADDRESS	1545 W. POINSETTIA DR	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	COE, WALLACE	
STREET ADDRESS	PO BOX 63330 N/A	
CITY-ST-ZIP	DELTONA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WELCH, WALLY	
STREET ADDRESS	1991 LINNEAL BEACH DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	METCALFE, DEBORAH	
STREET ADDRESS	1505 GRASSY RIDGE LANE	
CITY-ST-ZIP	APOPKA FL	
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

TITLE VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN PARADIS
STREET ADDRESS	1051 OAKPOINT CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDDIE SOLER
STREET ADDRESS	1188 BRANTLEY ESTATES DRIVE
CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714
TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON BOHANNON
STREET ADDRESS	7430 COLONIAL CT.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERLE PETERSON
STREET ADDRESS	2835 TAMARACH TRAIL
CITY-ST-ZIP	APOPKA, FL 32703
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH METCALFE
STREET ADDRESS	36627 LAUREL OAKS LANE
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE WEDEL
STREET ADDRESS	4773 LAKE CALABAY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837

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:

Deborah Metcalfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
Date

407-303-7718
Daytime Phone #

CR2E034 (9/99)