

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H33072

1. Entity Name

MANDHEL, INC.

Principal Place of Business

10161 WALES LOOP
BONITA SPRINGS FL 33923
US

Mailing Address

Marquis Management
9400 Gladiolus Drive
Suite 100
Fort Myers, FL 33908

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

59-2606835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FALK, STEVEN E
C/O ROETZEL & ANDREWS
850 PARK SHORE DRIVE
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Michael Fleming
Street Address Marquis Management
9400 Gladiolus Drive
Suite 100
City Fort Myers, FL 33908
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	S	<input type="checkbox"/> Delete
NAME	BARDICK, WILMA	
STREET ADDRESS	10420 WALES LOOP	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEMELGARN, DORORTHY	
STREET ADDRESS	105 30 WALES LOOP	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	P	<input type="checkbox"/> Delete
NAME	ELBERT, DOROTHY	
STREET ADDRESS	10751 WALES LOOP	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRAVERSO, ANN L.	
STREET ADDRESS	10430 WALES LOOP	
CITY-ST-ZIP	BONITO SPRINGS 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90046 001 ****88.75

03-30-2000 90057 021 ***122.50

11039



DO NOT WRITE IN THIS SPACE

3-12-00

941-992-4594