

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90079 015 \*\*\*158.75

**DOCUMENT # H82118**

1. Entity Name  
**MANAUSA, LEWIS AND DODSON ARCHITECTS, INC.**

**80013085**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**2074 RAYMOND DIEHL ROAD 2074 RAYMOND DIEHL ROAD**  
**TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-3844**

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 **59-2597895** Applied For  
 Not Applicable

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

**MANAUSA, C. TRENT**  
**806 PIEDMONT DRIVE**  
**TALLAHASSEE FL 32312**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
 NAME **MANAUSA, C. TRENT**  
 STREET ADDRESS **806 PIEDMONT DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **V** ☐ Change ☒ Addition  
 NAME **JOEL L DODSON**  
 STREET ADDRESS **2729 BALDWIN DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S** ☐ Delete  
 NAME **MANAUSA, MARY LOU**  
 STREET ADDRESS **806 PIEDMONT DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **LEWIS, RANDOLPH G.**  
 STREET ADDRESS **2787 ARMISTEAD ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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: **C. Trent Manause** **C. TRENT MANAUSA P** 1-30-00 850 385 9200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #