

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K86321**

1. Entity Name

THE MENAGERIE INC

Principal Place of Business

Mailing Address

**3604 COTTONWOOD DR
FT PIERCE FL 34981** SAME

2. Principal Place of Business

3. Mailing Address

3604 COTTONWOOD DR

3604 COTTONWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT PIERCE FL

FT PIERCE FL

Zip

Country

Zip

Country

34981

ST LUCIE

34981

ST LUCIE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARON BROWN FARRIS
3604 COTTONWOOD DR
FT PIERCE FL 34981**

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 **SHARON BROWN FARRIS**

Sharon Brown Farris

7-26-01

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, 2001 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 **PRESIDENT** ☐ Delete
NAME **GLORIA L WILLIAMS**
STREET ADDRESS **3604 COTTONWOOD DR**
CITY-ST-ZIP **FT PIERCE FL 34981**

TITLE ☐ Change ☐ Addition
NAME **500004534025**
STREET ADDRESS **-08/14/01--01052--012**
CITY-ST-ZIP ******308.75 ****308.75**

TITLE **VICE-PRESIDENT** ☐ Delete
NAME **FRANK C FARRIS**
STREET ADDRESS **3604 COTTONWOOD DR**
CITY-ST-ZIP **FT PIERCE FL 34981**

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

TITLE **SECY-TRES** ☐ Delete
NAME **SHARON BROWN FARRIS**
STREET ADDRESS **3604 COTTONWOOD DR**
CITY-ST-ZIP **FT PIERCE FL 34981**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SHARON BROWN FARRIS**

Sharon Brown Farris

7/26/01 561-467-0804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)