

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85397

1. Entity Name

MANAGEMENT CAPITAL CORPORATION

Principal Place of Business

Mailing Address

12421 N. FLORIDA AVE.  
#C-220  
TAMPA FL 33612

12421 N. FLORIDA AVE.  
#C-220  
TAMPA FL 33612-4260

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

59-3029563

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

COOPER, MONICA  
12421 N FLORIDA AVE  
TAMPA FL 33612

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SP	<input type="checkbox"/> Delete
NAME	MONICA COOPER	
STREET ADDRESS	12421 N FLORIDA AVE C220	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEN HAY	
STREET ADDRESS	12421 N FLORIDA AVE C220	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MONICA COOPER	
STREET ADDRESS	12421 N FLORIDA AVE C220	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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

3/1/2000

Date

Daytime Phone #

813-935-7195

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90032 017 \*\*\*158.75