

# 2001 UNIFORM BUSINESS REPORT (UBR)

0021911 AF

DOCUMENT # L97000000311

1. Entity Name  
MANAVE L.C.

FILED

01 MAR 12 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2106 BISPHAM ROAD  
SUITE B  
SARASOTA FL 34231

Mailing Address

2106 BISPHAM ROAD  
SUITE B  
SARASOTA FL 34231

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

65-0733252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PATTERSON, JOHN  
46 NORTH WASHINGTON BLVD  
SUITE 1  
SARASOTA FL 34236

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE MEM ☐ Delete  
NAME 891157 ONTARIO INC.  
STREET ADDRESS 253 ROBINA ROAD  
CITY-ST-ZIP ANCASTER, ONTARIO L9G 2L6

TITLE MEM ☐ Delete  
NAME BALSAM L. CORPORATION  
STREET ADDRESS 95 ST CLAIR AVE W, #1605  
CITY-ST-ZIP TORONTO, ONTARIO M4V 1N6

TITLE MEM ☐ Delete  
NAME RAWEC HOLDINGS LIMITED  
STREET ADDRESS 5500 DIXIE ROAD, BOX E  
CITY-ST-ZIP MISSISSUAGO, ONTARIO L4W 4N3

TITLE MEM ☐ Delete  
NAME SANVIN, INC.  
STREET ADDRESS 46 N WASHINGTON BLVD  
CITY-ST-ZIP SARASOTA FL 34236

TITLE MEM ☐ Delete  
NAME SACKVILLE HOLDINGS, INC.  
STREET ADDRESS ONE FIRST CANADIAN PLACE, #5600  
CITY-ST-ZIP TORONTO, ONTARIO M5X 1E5

TITLE MEM ☐ Delete  
NAME 994362 ONTARIO LIMITED  
STREET ADDRESS 60 LAURENTIDE DRIVE  
CITY-ST-ZIP DON MILLS, ONTARIO M3A 3C9

10. ADDITIONS/CHANGES

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)