

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 17 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007920

1. Entity Name
MANN EQUITIES COMPANY, L.C.

Principal Place of Business
599 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

Mailing Address
599 OCEAN SHORE BLVD
ORMOND BEACH FL 32176-5401



DO NOT WRITE IN THIS SPACE

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

59-3601015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, RICHARD W
ATTORNEY AT LAW
4875 NORTH FEDERAL HWY 10TH FLOOR
FT LAUDERDALE FL 33308

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MANN, JOHN J JR
599 OCEAN SHORE BLVD
ORMOND BEACH FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300003287833 ☐ Change ☐ Addition
-06/14/00--01008--007
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MANN, PATRICIA M
599 OCEAN SHORE BLVD
ORMOND BEACH FL 32176 ☐ Delete

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

TITLE
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CITY- ST- ZIP
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☐ Delete

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

11. 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 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 OR MANAGER

5/15/00
Date

904-615-7592
Daytime Phone #

CR2E083 (9/99)