

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90049 043 \*\*\*\*61.25

**DOCUMENT # N97000001141**

1. Entity Name

**MANNA INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

711 ST. JOHNS BLUFF ROAD  
 JACKSONVILLE FL 32225

711 ST. JOHNS BLUFF ROAD  
 JACKSONVILLE FL 32225-6718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3435843**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDKO, VIKTOR**  
 711 ST. JOHNS BLUFF RD N  
 JACKSONVILLE FL 32225

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**PTD REDKO, VIKTOR**  
 STREET ADDRESS **3206 JUSTINA ROAD 4**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE NAME  Change  Addition  
**D George Gotman**  
 STREET ADDRESS **Box 560, McKenna Rd**  
 CITY-ST-ZIP **Herkimer, NY 13350**

TITLE NAME  Delete  
**D CARSON, LARRY E**  
 STREET ADDRESS **49 SANOCOL DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE NAME  Change  Addition  
**D Valeriy Spisovskiy**  
 STREET ADDRESS **12578 Ash Harbor Dr.**  
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE NAME  Delete  
**SD CARSWELL, JOHN R**  
 STREET ADDRESS **8471 CASSIE ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**V KULAKEVICH, PETER**  
 STREET ADDRESS **20511 68TH AVENUE W APT 203**  
 CITY-ST-ZIP **LYNNWOOD WA 98036**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

**04/04/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)