

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083138

1. Entity Name

MENNINGER & KIES INVESTMENTS, INC.

Principal Place of Business

Mailing Address

9549 CASTLEFORD POINT  
ORLANDO FL 32836

9549 CASTLEFORD POINT  
ORLANDO FL 32836

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

59-3667923

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

MENNINGER, RICHARD M  
9549 CASTLEFORD POINT  
ORLANDO FL 32836

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, 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	D - CEO - PRESIDENT	<input type="checkbox"/> Delete
NAME	MENNINGER, RICHARD M	
STREET ADDRESS	9549 CASTLEFORD POINT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D - VP	<input type="checkbox"/> Delete
NAME	KIES, GEORGE J	
STREET ADDRESS	6519 VOLTAIRE DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D - VP	<input type="checkbox"/> Delete
NAME	ERIC S. SCHRDEBER	
STREET ADDRESS	2 AILAPAH AVE	
CITY-ST-ZIP	DAVENPORT - FL 33637	
TITLE	D - DOROTHY C. MENNINGER	<input type="checkbox"/> Delete
NAME	9549 CASTLEFORD PT.	
STREET ADDRESS	ORLANDO FL 32836	
CITY-ST-ZIP	SECRETARY	
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
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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

Date

Daytime Phone #

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

02-01-2001 90102 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)