

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109023

1. Entity Name

MAHONEY COMMUNITIES, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90260 010 ***150.00

Principal Place of Business

1885-A PORTER LAKE DRIVE
SARASOTA FL 34240

Mailing Address

1885-A PORTER LAKE DRIVE
SARASOTA FL 34240

2. Principal Place of Business

1513 Scarlett Ave.

3. Mailing Address

P.O. Box 7759

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

North Port, FL

Zip

34286

Country

USA

Zip

34287-7759

Country

4. FEI Number

☒ 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

MAHONEY, THOMAS M
7958 ROYAL BIRKDALE CIRCLE
BRADENTON FL 34202

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT, TREASURER
THOMAS M. MAHONEY
7958 ROYAL BIRKDALE CIR.
BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
V. PRESIDENT, SECRETARY
LINDA C. MAHONEY
7958 ROYAL BIRKDALE CIR.
BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

THOMAS M. MAHONEY

4-30-01

Date

941-423-3788

Daytime Phone #

CR2E034 (10/00)