

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-07-2002 90270 045 ***158.75

DOCUMENT # P00000109023

1. Entity Name

MAHONEY COMMUNITIES, INC.

Principal Place of Business

**1513 SCARLETT AVENUE
 NORTH PORT FL 34286**

Mailing Address

**P.O. BOX 7759
 NORTH PORT FL 34287-7759**

2. Principal Place of Business

1578 SCARLETT AVE

Suite, Apt. #, etc.

3. Mailing Address

1578 SCARLETT AVE

Suite, Apt. #, etc.

City & State

NORTH PORT FL

City & State

NORTH PORT FL

Zip

34289

Country

SARASOTA

Zip

34289

Country

SARASOTA

4. FEI Number

65-1107951

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MAHONEY, THOMAS M

**7958 ROYAL BIRKDALE CIRCLE
 BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name

J. STUART TURNBULL

Street Address (P.O. Box Number is Not Acceptable)

1578 SCARLETT AVE

City **NORTH PORT**

FL

Zip Code **34289**

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, 2002 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

TITLE **PT** ☒ Delete
 NAME **MAHONEY, THOMAS M**
 STREET ADDRESS **7958 ROYAL BIRKDALE CIRCLE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **VPS** ☒ Delete
 NAME **MAHONEY, LINDA C**
 STREET ADDRESS **7958 ROYAL BIRKDALE CIRCLE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **J. STUART TURNBULL**
 STREET ADDRESS **1578 SCARLETT AVE**
 CITY-ST-ZIP **NORTH PORT FL 34289**

TITLE **MARK G. BOTS** ☒ Change ☐ Addition
 NAME **V. PRESIDENT**
 STREET ADDRESS **1578 SCARLETT AVE**
 CITY-ST-ZIP **NORTH PORT FL 34289**

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

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

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

TITLE ☐ Change ☐ 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, without other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

Daytime Phone #

CR2E034 (9/01)