

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90048 001 ***150.00

DOCUMENT # P00000110538

1. Entity Name

33 MANSELL GP, INC.

Principal Place of Business

**300 SE 2ND ST
FT LAUDERDALE FL 33301**

Mailing Address

**300 SE 2ND ST
FT LAUDERDALE FL 33301**

2. Principal Place of Business

300 SE 2ND STREET

Suite, Apt. #, etc.

3. Mailing Address

300 SE 2ND STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

City & State

FT. LAUDERDALE,

Zip

33301

Country

4. FEI Number

65-1074406

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

**JONES, PATRICIA
300 SE 2ND ST
FT LAUDERDALE FL 33301**

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 | <input type="checkbox"/> Delete |
| NAME | STILES, TERRY | |
| STREET ADDRESS | 300 SE 2ND ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STILES, TERRY | |
| STREET ADDRESS | 300 SE 2nd St. | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | |
| TITLE | VT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EAGON, DOUGLAS P. | |
| STREET ADDRESS | 300 SE 2nd St. | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | |
| TITLE | VS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JONES, PATRICIA | |
| STREET ADDRESS | 300 SE 2nd St. | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FERRERA, ROCCO | |
| STREET ADDRESS | 300 SE 2nd St. | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STINE, JAMES W. | |
| STREET ADDRESS | 300 SE 2nd St. | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | O'SHEA, DENNIA F. | |
| STREET ADDRESS | 300 SE 2nd St. | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | |

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
Patricia Jones

2/21/01

Date

954/627-9300

Daytime Phone #

CR2E034 (10/00)

Attachment.

UNIFORM BUSINESS REPORT

835399

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11#0000011538

| | | |
|-----------------|----------------------------|----------|
| TITLE: | V | Addition |
| NAME: | PALMER, STEPHEN R. | |
| STREET ADDRESS: | 300 SE 2 nd St. | |
| CITY-ST-ZIP: | Ft. Lauderdale, FL 33301 | |