

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90116 026 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000046823	
1. Entity Name MANN'S CLEWISTON THEATRE, INC.	

Principal Place of Business 100 E SUGARLAND HWY CLEWISTON FL 33440	Mailing Address 100 E SUGARLAND HWY CLEWISTON FL 33440
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2. Principal Place of Business		3. Mailing Address 734 E. DEL MONTE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CLEWISTON, FLORIDA	
Zip 33440	Country	Zip 33440	Country HENDRY

4. FEI Number 04-3671849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGAHEE, MELANIE A ESQUIRE 417 W SUGARLAND HWY CLEWISTON FL 33440	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, DENNIS H 100 E SUGARLAND HWY CLEWISTON FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, LINDA L 100 E SUGARLAND HWY CLEWISTON FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S MANN, DENNIS H. 734 E. DEL MONTE AVE CLEWISTON, FL. 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/T MANN, LINDA L. 734 E. DEL MONTE AVE. CLEWISTON, FL. 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 607, 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: 	1/31/03 (863) 805-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/02)