

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91834 028 \*\*\*150.00

DOCUMENT # P02000102441

1. Entity Name  
MANATEE KEY DEVELOPMENT, INC.



Principal Place of Business  
P.O. BOX 541359  
LAKE WORTH FL 33454

Mailing Address  
P.O. BOX 541359  
LAKE WORTH FL 33454

2. Principal Place of Business  
1985 S. MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FL

City & State

Zip  
33415

Country  
US

Zip

Country

4. FEI Number  
13-4212150

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SAPIR, M. RICHARD  
712 U.S. HIGHWAY ONE  
SUITE 400  
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name  
RAUCH, HARRY  
Street Address (P.O. Box Number is Not Acceptable)  
1985 S. MILITARY TRAIL  
City  
WEST PALM BEACH FL Zip Code  
33415

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 HARRY RAUCH DATE 4/29/03  
(NOTE: Registered Agent signature required when reinstating)

**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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RAUCH, HARRY  
STREET ADDRESS 1985 S. MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE  
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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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 561 9646501  
Date Daytime Phone #

CR2E034 (10/02)