

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000887

1. Entity Name

MANCHE ENTERPRISES, INC.

*f*

FILED

Aug 10, 2000 8:00 am  
Secretary of State

08-10-2000 90002 015 \*\*\*150.00

Principal Place of Business

780 HENDERSONVILLE RD  
ASHEVILLE NC 28803  
US

Mailing Address

780 HENDERSONVILLE RD  
ASHEVILLE NC 28803  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3157705

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

GOFF, BARRY L  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME MANCHE, MARSHALL L  
STREET ADDRESS 21 SUMMERGLEN COURT  
CITY-ST-ZIP ASHEVILLE NC 28806

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
NAME TRACIE L. MANCHE  
STREET ADDRESS 21 SUMMERGLEN CT.  
CITY-ST-ZIP ASHEVILLE, NC 28804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 with all other like empowered.

SIGNATURE:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00  
Date

828-667-9772  
Daytime Phone #

CR2E034 (5/00)

Attachment

Doc. # P93000000887  
DW 777 93

August 3, 2000

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sirs;

This letter is a request to drop the late filing fee due to a change of bookkeepers. This is my first year of paying bills and filing invoices. This fee was not previously brought to my attention and when the first notice came it was mistakenly filed in the President's files. When the second notice came I opened before filing and therefore realizing that we had missed the deadline.

I appreciate your willingness to consider this matter.

Sincerely,

*Tracie L. Manche*

Tracie L. Manche