

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009133

1. Entity Name
MANHATTAN FRIES (USA) INC.

Principal Place of Business

5917 CHICORY CT
NEW PORT RICHEY FL 34653
US

Mailing Address

5917 CHICORY CT
NEW PORT RICHEY FL 34653-4564
US

2. Principal Place of Business

12145 N. Gopher PT
Suite, Apt. #, etc.

3. Mailing Address

12145 N. Gopher PT
Suite, Apt. #, etc.

City & State

Dunnellon FL

City & State

Dunnellon FL

4. FEI Number

59-3168915

Applied For

Not Applicable

Zip

34433

Country

US

Zip

34433

Country

U.S.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, CHRISTOPHER J
5917 CHICORY CT
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name Christopher J. Ward

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

12145 N. Gopher PT.

City Dunnellon

FL

Zip Code 34433

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 CHRISTOPHER J. WARD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-stating)

DATE

1/19/00

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, 2000 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 D
NAME PURVEY, KENNETH G
STREET ADDRESS 9321 RUSTIC PINES BLVD.
CITY-ST-ZIP SEMINOLE FL 33776

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.
NAME CHRISTOPHER J. Ward
STREET ADDRESS 12145 N. Gopher PT
CITY-ST-ZIP DUNNELLON, FL 34433

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

CHRISTOPHER J. Ward

Date

1/19/00

Laytime Phone #

727-841-0623



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)