

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088197

1. Entity Name

MANE EVENT OF CHARLOTTE COUNTY, INC.

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90001 010 \*\*\*550.00

0096266 AV

Principal Place of Business

3871 TAMIAHI TRL  
 UNIT C  
 PORT CHARLOTTE FL 33952  
 US

Mailing Address

3871 TAMIAHI TRL  
 UNIT C  
 PORT CHARLOTTE FL 33952  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3871 Tamiami Trl

3. Mailing Address

Suite, Apt. #, etc.  
 Unit C

Suite, Apt. #, etc.

City & State  
 Port Charlotte FL

City & State  
 SAME

4. FEI Number  
 65-0466474

Applied For  
 Not Applicable

Zip

33952

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WANTJE, MARY R  
 3871 TAMIAHI TRL  
 UNIT C  
 PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

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 12, 2001 Fee 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 WANTJE, MARY R  
 3871 TAMIAHI TRAIL #C  
 PORT CHARLOTTE FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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:

Mary R. Wantje

Mary R. Wantje 9/11/01 605-1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)