

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008694

1. Entity Name

MAINSAIL MANAGEMENT GROUP, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90384 041 ***150.00

Principal Place of Business

Mailing Address

5108 EISENHOWER BLVD
TAMPA FL 33634
US

5108 EISENHOWER BLVD
TAMPA FL 33634-6313
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 59-3216763

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

HARRIS, RICHARD M
16613 HUTCHINSON ROAD
ODESSA FL 33556

Name JOE C. COLLIER, III
Street Address (P.O. Box Number is Not Acceptable)
5108 EISENHOWER BLVD.
City TAMPA FL Zip Code 33634

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HARRIS, RICHARD
STREET ADDRESS 16613 HUTCHINSON RD.
CITY-ST-ZIP ODESSA FL 33556

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

TITLE D ☐ Delete
NAME COLLIER, JOE
STREET ADDRESS 19119 N. DALE MABRY HWY.
CITY-ST-ZIP LUTZ FL 33549

TITLE DV ☒ Change ☐ Addition
NAME
STREET ADDRESS 221 S. NEWPORT AVE.
CITY-ST-ZIP TAMPA - FL - 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition
NAME JULIANNE QUINTANA
STREET ADDRESS 15814 GLENHORN DR
CITY-ST-ZIP TAMPA - FL - 33618

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
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)