

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029857

1. Entity Name

MANAGING PARTNERS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90010 019 ***150.00

Principal Place of Business

Mailing Address

6620 SOUTHPOINT DRIVE, S.
#620
JACKSONVILLE FL 32216
US

6620 SOUTHPOINT DRIVE S.
#620
JACKSONVILLE FL 32250-7029
US

2. Principal Place of Business

3. Mailing Address

426 N. 3rd Street

426 N. 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Bch, FL

City & State

Jacksonville Bch, FL

Zip
32250

Country
USA

Zip
32250

Country
USA

4. FEI Number

59-3337750

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

HIDAY, ROBERT

8375 DIX ELLIS TRAIL, SUITE 201
JACKSONVILLE FL 32256

Name

Hiday, Robert

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

4100 Southpoint Dr. E.

Suite 3

City

Jacksonville

FL

Zip Code

32216

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 **FOSTER, GARY W**
STREET ADDRESS **3336 PINTAIL DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary W. Foster

3/8/00 (904)241-7638
Date Daytime Phone #

CR2E034 (9/99)