

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000029857

1. Entity Name
MANAGING PARTNERS, INC.

Principal Place of Business
426 N. 3RD STREET
JACKSONVILLE BEACH FL 32250 US

Mailing Address
426 N. 3RD STREET
JACKSONVILLE BEACH FL 32250 US

2. Principal Place of Business
10161 CENTURION PKWY N.

3. Mailing Address
P.O. BOX 56467

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32256

Country
US

Zip
322416467

Country
US

4. FEI Number
59-3337750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HIDAY ROBERT
4100 SOUTHPPOINT DR. E
JACKSONVILLE FL 32216

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 _____ DATE 04/18/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<input type="checkbox"/> Delete
NAME	FOSTER GARY W	
STREET ADDRESS	3336 PINTAIL DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOSTER GARY W		
STREET ADDRESS	2801 ST. MAARTEN CT.		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Gary W. Foster

D 04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)