2001 UNIFORM BUSINESS REPORT (UBR)

			•	•				
	MENT # P950000	42810			•	·		
1. Entity Name RENAISSANCE MANAGEMENT CORP.					FILED			
					01 MAY 16 PM 3:	01		
Principal Place of Business Mailing Address 400 CLEMATIS ST., SUITE 205 400 CLEMATIS ST., SUITE 2			nc					
	SEACH FL 33401	WEST PALM BEACH FL 33401 US			SECRETARY OF STATE TAULAHASSEE, FLORIDA			
O Dringing I	Place of Business	O AA-Wara A-d						
	Clenatis Street	3. Mailing Address 330 Clematis Street		2 -				
Suite, Apt	-	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State West Palm Beach, FL		G/ 4.	4. FEI Number 65-0651554 Applied For			
Zip	Country	Zip	Country		Certificate of Status Desired	8.75 Addi	t Applicable itional	
33	401 USA 6. Name and Address of Current R	33401	USA		Name and Address of New Registered Ag	ee Required	<u> </u>	
	6. Name and Address of Current N	egistered Agent	Name			gent		
FRISBIE, DAVID W 400 CLEMATIS ST., SUITE 205					David W. Frishie			
				idress (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33401			,	10	oo Indian Road			
			City			Zip Code	3480	
8. The above	e named entity submits this statement for t	he purpose of changing its re	enistered office or r	egistered ar	M Beach		34 80	
. 1110 above	o named chary submits this statement for t	*	egistered since or t	ogistored at	gorit, or both, in the state of Florida.			
SIGNATURE	Do-d W	webel				27-01]	
	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: F	Registered Agent signature	required when r	reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE! After MAY 1, 2001 Fee w					10. Election Campaign Financing	\$5.00) May Be	
			to Department of State Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND DI	RECTORS	12.	AC	L DDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS	IN 11	
TITLE	PD	☐ Delete	TITLE	PD	1 1 - 1 - 2	□-enange	Addition	
NAME STREET ADDRESS	FRISBIE, DAVID W		NAME STREET ADDRESS	0au. 270	d w. Frishie or clenatis Street, Su	.+e 2	14	
CITY-ST-ZIP	400 CLEMATIS STREET WEST PALM BEACH FL 33401		CITY-ST-ZIP	wes	0 1 0 1 -	3340	,	
TITLE	PD PD	□ Delete	TITLE		·	Change	Addition	
NAME	AIKEN, ANDREW M		NAME	Andr	ew M. A. Ken		7.44	
STREET ADDRESS CITY-ST-ZIP	400 CLEMATIS STREET		STREET ADDRESS CITY-ST-ZIP	330	com M. A. Ken Clematis Street, it Palm Beach, FL	54.78	214	
TITLE	WEST PALM BEACH FL 33401	Delete	TITLE	<u>Jues</u>	+ Palm Beach, FL	<u>5 2 7</u> Change	Addition	
NAME		LJ Delete	NAME				C. J riddillon	
STREET ADDRESS			STREET ADDRESS		L .			
CITY-ST-ZIP			CITY-ST-ZIP			<u>50.01</u>		
TITLE NAME		☐ Delete	TITLE Name		7000044231		Addition Addition	
STREET ADDRESS			STREET ADDRESS		-06/15/0101	0840	20 -	
CITY-ST-ZIP			CITY-ST-ZIP		***4178.75	****15	0.00	
TITLE		Delete	TITLE		ι	Change	☐ Addition	
NAME STREET ADDRESS			NAMÉ STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME		ı	NAME				}	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				Í	
13. I hereby o	certify that the information supplied with th	is filing does not qualify for the	ne exemption stated	d in Section	119.07(3)(i), Florida Statutes. I further certify	y that the inf	ormation	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my ered to execute this report as	signature shall hav	e the same	legal effect as if made under oath; that I am ida Statutes; and that my name appears in E	n an officer o	r director 1	

SIGNATURE: Doi: W Frield Dav: 1 W. Fr: 56: 8 4-27-01 5W-832-7784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date