

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90012 009 ***150.00

DOCUMENT # **P96000040604**

1. Entity Name
DENNIS MANABAT INC. DBA.
LEISURE MANOR

Principal Place of Business Mailing Address
301 S. MAIN ST. **P.O. Box 1007**
MINNEOLA, FL 34755 **MINNEOLA, FL 34755**

2. Principal Place of Business
301 S. MAIN ST
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1007
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MINNEOLA FL
 Zip
34755
 Country
USA

City & State
MINNEOLA, FL
 Zip
34755
 Country
USA

4. FEI Number
54-3875723
 Applied For
 Not Applicable

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

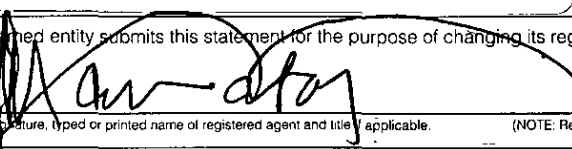
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AT ACCOUNTING
118 W. ORANGE ST
ALTAMONTE SPRINGS 32714

Name
DENNIS MANABAT
 Street Address (P.O. Box Number is Not Acceptable)
301 S. MAIN ST
MINNEOLA FLORIDA
 City
MINNEOLA **FL** Zip Code
34755

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

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, 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
PRESIDENT ☐ Delete
 NAME
DENNIS MANABAT
 STREET ADDRESS
171 BLOKAM AVE
 CITY-ST-ZIP
CLERMONT, FL 34711

TITLE
VICE-PRESIDENT ☐ Change ☐ Addition
 NAME
REVELYN MANABAT
 STREET ADDRESS
171 BLOKAM AVE
 CITY-ST-ZIP
CLERMONT, FL 34711

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:  **DENNIS MANABAT** 2/28/00 352/394-6619
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)