

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000022364**

1. Entity Name

MANAGEMENT CONCEPTS REALTY, INC.**FILED****May 03, 2000 8:00 am**
Secretary of State

05-03-2000 90028 030 ***150.00

Principal Place of Business

Mailing Address

5550 BEE RIDGE ROAD
STE E-3
SARASOTA FL 34233**5550 BEE RIDGE ROAD**
STE E-3
SARASOTA FL 34233-1505

2. Principal Place of Business

5766 Bronx Avenue

3. Mailing Address

5766 Bronx Avenue

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0736579

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA5. 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

WALTERS, GAIGE
5550 BEE RIDGE ROAD
STE E-3
SARASOTA FL 34233

Name

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

5766 Bronx Avenue**Suite A**

City

Sarasota

FL

Zip Code

34231

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

4/24/009. 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 State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **AMBROSE, BARBARA J**
CITY-ST-ZIP **5550 BEE RIDGE ROAD**
SARASOTA FL 34233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WALTERS, GAIGE R**
CITY-ST-ZIP **5550 BEE RIDGE ROAD**
SARASOTA FL 34233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **REED, DANA**
CITY-ST-ZIP **5550 BEE RIDGE ROAD**
SARASOTA FL 34233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

4/24/00

CR2E034 (9/99)