2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 5550 BEE RIDGE ROAD

DOCUMENT # P97000022364

1. Entity Name

Principal Place of Business

STE E-3

MANAGEMENT CONCEPTS REALTY, INC.

AMBROSE, BARBARA J STREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP	SIGNATURE WWW. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR	Tax filing requirement and elects to do so After MAY 1, 2000			Fee will be \$550.00		, , , , , , , , , , , , , , , , , , , ,		to Fees				
AMBROSE, BARBARA J STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDR	11.	OFFICERS AND DIF	ECTORS	12.	ADE	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11				
WALTERS, GAIGE R STREET ADDRESS CITY- ST-ZIP SARASOTA FL 34233 CITY- ST-ZIP TITLE REED, DANA REED, DANA STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CI	NAME STREET ADDRESS	AMBROSE, BARBARA J 5550 BEE RIDGE ROAD	□ Delete	NAME STREET ADDRESS			☐ Change	Addition				
REED, DANA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	NAME STREET ADDRESS	WALTERS, GAIGE R 5550 BEE RIDGE ROAD	☐ Delete	NAME STREET ADDRESS			Change	☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS	REED, DANA 5550 BEE RIDGE ROAD	☐ Delete	NAME STREET ADDRESS	-a -a,a		☐ Change	☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 informatic 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 direct of the corporation or the receiver outsustee empowered to execute this report as required by Chapter 607. Florida Statutes. In further certify that the informatic of the corporation or the receiver outsustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my name appears in Block 11 or Block 12.	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS		-:	☐ 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 direct of the corporation or the receiver optical reports in Block 11 or Block 12.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition				
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 direct of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 13	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition				
SIGNATURE: 4/34/00 GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #	indicated of of the corp changed,	on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my red to execute this report as all other like empoyable.	signature shall have required by Chapte	the same le	egal effect as if made under oath; the	at I am an officer ars in Block 11 or	or director				

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90028 030 ***150.00

e of Business	Malling Address					
	5550 BEE RIDGE ROAD STE E-3 SARASOTA FL 34233-1505				. 17818 11888 1118 81	1411 0 202 1 16 1
	3. Mailing Address 5766 Bronz	3. Mailing Address 5766 Bronx Avenue				
	Suite, Apt. #, etc. Suite A	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN TH	IIS SPACE	
	City & State	•		65-0736579	<u>-</u>	oplied For ot Applicable
Country	Zip	Country	5.0	Cartificate of Status Desired	\$8.75 Add	
USA	34231	USA			Fee Require	ed
6. Name and Address of Current		Name	7. N	Name and Address of New Hegister	ea Agent	
BEE RIDGE ROAD	· · • • • = ===========================	Street Addr 5766	Bronx			
-					Zip Cod	
		Särasc	ota	_	L 2342	31
Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E Registered Agent signature re		instating) 4/2	iÉ	
equirement and elects to do so.	After MAY 1, 20	000 Fee will be \$550.		10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11
D AMBROSE, BARBARA J 5550 BEE RIDGE ROAD SARASOTA FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
D Walters, gaige R 5550 Bee Ridge Road Sarasota Fl 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
D REED, DANA 5550 BEE RIDGE ROAD SARASOTA FL 34233	☐ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	-a -a,-a		☐ Change	☐ Addition
	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	☐ Delete	TITLE			☐ Change	Addition
	USA 6. Name and Address of Current TERS, GAIGE BEE RIDGE ROAD E-3 ASOTA FL 34233 named entity submits this statement for submits this statement for submits and entity its Intangible equirement and elects to do so. if a on back) OFFICERS AND D AMBROSE, BARBARA J 5550 BEE RIDGE ROAD SARASOTA FL 34233 D WALTERS, GAIGE R 5550 BEE RIDGE ROAD SARASOTA FL 34233 D REED, DANA 5550 BEE RIDGE ROAD	STE E3 SARASOTA FL 34233-1505 Bronx Avenue 3. Mailing Address 5766 Bron: #, etc. A Suite A e City & State Ota FL Sarasota Country USA 34231 6. Name and Address of Current Registered Agent TERS, GAIGE BEE RIDGE ROAD E-3 ASOTA FL 34233 named entity, submits this statement for the purpose of changing its Signature, typed or printed name of registered agent and tatle if applicable. (NOT) wration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND DIRECTORS D AMBROSE, BARBARA J 5550 BEE RIDGE ROAD SARASOTA FL 34233 D WALTERS, GAIGE R 5550 BEE RIDGE ROAD SARASOTA FL 34233 D REED, DANA 5550 BEE RIDGE ROAD SARASOTA FL 34233 D REED, DANA 5550 BEE RIDGE ROAD SARASOTA FL 34233	STE E3 SARASOTA FL 34233-1505 Sarasota FL Suite A Avenue	STE E3 SARASOTA FL 34233-1505 Sarasota FL Sarasota	SEE E3 SARASOTA FL 34231-1505 Sara Avenue	SIE E3 SARASOTA FL 34233 SIE E4 SARASOTA FL 34233 SIE E4 SARASOTA FL 34233 SIE E5 SARASOTA FL 34233 SARASOTA FL 34233 SIE E5 SARASOTA FL 34233 D Delde TIE SARASOTA FL