

# 2000 UNIFORM BUSINESS REPORT (UBR)

0537301

DOCUMENT # P97000061234

1. Entity Name

DAVID'S MANAGEMENT COMPANY, INC.

FILED

00 MAY -3 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

23A S.W. OSCEOLA ST.  
STUART FL 34994

3228 SW MARTIN DOWNS BLVD  
SUITE #5  
PALM CITY FL 34990-2697  
US

2. Principal Place of Business

3. Mailing Address

401 East Ocean Blvd.  
Suite, Apt. #, etc.

401 East Ocean Blvd.  
Suite, Apt. #, etc.

City & State  
Stuart FL

City & State  
Stuart FL

4. FEI Number 65-0766827

Applied For  
Not Applicable

Zip 34994

Country USA

Zip 34994

Country USA

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

VITALE, STEVEN G  
3228 SW MARTIN DOWNS BLVD  
SUITE #5  
PALM CITY FL 34990

Name Vitale, Steven G  
Street Address (P.O. Box Number is Not Acceptable)  
401 East Ocean Blvd.  
City Stuart FL Zip Code 34994

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 *Steven G. Vitale*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/21/00

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 P  
NAME VITALE, STEVEN G  
STREET ADDRESS 3228 SW MARTIN DOWNS BLVD, STE 5  
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE P  
NAME Vitale Steven G  
STREET ADDRESS 401 East Ocean Blvd.  
CITY-ST-ZIP Stuart FL 34994 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (9/95)