

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095838

1. Entity Name

FREDERICK R. MANN, JR., P.A.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90060 027 ***550.00

Principal Place of Business

~~312 PARK AVE N.~~
~~STE A~~
~~WINTER PARK FL 32789~~

Mailing Address

312 PARK AVE N.
 STE A
 WINTER PARK FL 32789

2. Principal Place of Business

415 E. CENTRAL BLVD

3. Mailing Address

415 E. CENTRAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

65-0557741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MANN, FREDERICK R JR.
 328 TRISMEN TERR
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANN, FREDERICK R JR.	
STREET ADDRESS	328 TRISMEN TERR.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MANN, ALICIA L	
STREET ADDRESS	328 TRISMEN TERR.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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) FREDERICK R. MANN JR 9-5-00/407-649-8485
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)