

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90019 041 ***150.00

DOCUMENT # P97000109183

1. Entity Name

MANALAPAN DEVELOPMENT COMPANY

Principal Place of Business

700 S. OCEAN BLVD.
MANALAPAN FL 33462

Mailing Address

700 S. OCEAN BLVD.
MANALAPAN FL 33462

2. Principal Place of Business

6275 N. OCEAN BLVD

3. Mailing Address

6275 N. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL

City & State

OCEAN RIDGE FL

Zip

33435

Country

PALM BEACH

Zip

33435

Country

PALM BEACH

6. Name and Address of Current Registered Agent

MCKINNEY, FRANK E III
100 S OCEAN BLVD
MANALAPAN FL 33462

7. Name and Address of New Registered Agent

Name

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

4800 N. FEDERAL HWY

SUITE 200-E

City

BOCA RATON

FL

Zip Code

33431

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 FRANK E MCKINNEY III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-01

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 \$150.00
After MAY 1, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCKINNEY, FRANK E III	
STREET ADDRESS	700 S OCEAN BLVD	
CITY-ST-ZIP	MANALAPAN FL 33462	
TITLE	VSTC	<input type="checkbox"/> Delete
NAME	MCKINNEY, FRANK E III	
STREET ADDRESS	700 S OCEAN BLVD	
CITY-ST-ZIP	MANALAPAN FL 33462	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4800 N. FEDERAL HWY #200-E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4800 N. FEDERAL HWY #200-E	
CITY-ST-ZIP	BOCA RATON FL 33431	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01 561-274-9696

Date

Daytime Phone #

CR2E034 (10/00)