

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033838

1. Entity Name

MANASOTA MANAGEMENT, INC.

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90309 020 ***150.00

Principal Place of Business

Mailing Address

6510
6510 MANASOTA KEY RD
ENGLEWOOD FL 34295

P.O. BOX 1891
ENGLEWOOD FL 34295

2. Principal Place of Business

6510 MANASOTA Key RD

3. Mailing Address

P.O. BOX 1891
ENGLEWOOD FL 34295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

4. FEI Number 65-0827194

Applied For

Not Applicable

Zip

Country

Zip

Country

34223

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

VIRGIN, RICHARD W JR
6510 MANASOTA KEY RD.
ENGLEWOOD FL 34223

Name: RICHARD W. VIRGIN Jr.
Street Address (P.O. Box Number is Not Acceptable)
6510 MANASOTA Key RD
City: Englewood FL Zip Code: 34223

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: VIRGIN, RICHARD W JR
STREET ADDRESS: 6510 MANASOTA KEY RD.
CITY-ST-ZIP: ENGLEWOOD FL 34223

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

TITLE: D
NAME: VIRGIN, NANCY L
STREET ADDRESS: 6510 MANASOTA KEY RD.
CITY-ST-ZIP: ENGLEWOOD FL 34223

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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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

3/1/01

Date

941-473-7545

Daytime Phone #

CR2E034 (10/00)