

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059743

1. Entity Name

THE MANAGEMENT CONNECTION, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90073 015 ***150.00

Principal Place of Business

13400 S CLEVELAND AVE. STE 203
FORT MYERS FL 33907

Mailing Address

13400 S CLEVELAND AVE. STE 203
FORT MYERS FL 33907-5523

2. Principal Place of Business

8270 COLLEGE PARKWAY

Suite, Apt. #, etc.

SUITE 103

3. Mailing Address

8270 COLLEGE PARKWAY

Suite, Apt. #, etc.

SUITE 103

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33919

Country

LEE

Zip

33919

Country

LEE

4. FEI Number

65-0865013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREDEN, ARLENE A
13400 S CLEVELAND AVE, STE 203
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

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

8270 College Pkwy, Suite 103
Fort Myers, Florida 33919

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

Arlene A. Freden ARLENE A. FREDEN

3/1/2000

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, 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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FREDEN, ARLENE | |
| STREET ADDRESS | 13400 S. CLEVELAND AVE 203 | |
| CITY-ST-ZIP | FT MEYERS FL 33907 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | FREDEN, DAVID E | |
| STREET ADDRESS | 13400 S. CLEVELAND AVE 203 | |
| CITY-ST-ZIP | FT MEYERS FL 33907 | |
| 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 | | |
| 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 | 8270 College Pkwy, Suite 103 | |
| STREET ADDRESS | Fort Myers, Florida 33919 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 8270 College Pkwy, Suite 103 | |
| STREET ADDRESS | Fort Myers, Florida 33919 | |
| 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:

Arlene A. Freden ARLENE A. FREDEN

3/1/2000

941-415-7470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)