

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076231

1. Entity Name

MANCHESTER MORTGAGE CORP.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90057 040 \*\*\*150.00

Principal Place of Business

Mailing Address

TAMiami TRAIL N.

P.O. BOX 77-418

K

NAPLES FL 34108

FL 34108

C00376C1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

516 103rd Ave N.

3. Mailing Address

P.O. BOX 770418; 34107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-3531271

Applied For

Not Applicable

Zip

34108

Country

U.S.A.

Zip

34107

Country

U.S.A.

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

MANCHESTER, GREGORY S  
609 93 AVE N  
NAPLES FL 34108

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

*Gregory S. Manchester*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MANCHESTER, GREGORY S  
STREET ADDRESS 609 93 AVE N  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 516 103rd Ave N.  
CITY-ST-ZIP Naples FL 34108

TITLE D  
NAME MANCHESTER, JOY E  
STREET ADDRESS 609 93 AVE N  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 516 103rd Ave N.  
CITY-ST-ZIP Naples FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Gregory S. Manchester*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)