

# 2001 UNIFORM BUSINESS REPORT (UBR)

900.00

DOCUMENT # P99000021733

1. Entity Name

Twin City Management Corporation

FILED

01 MAY 22 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
4502 Highway 20 East, Suite A Same  
Niceville, FL 32578

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**REINSTATEMENT**

PAGE

00-01

4. FEI Number 59-3673113 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Petermann, Richard P.  
25 NE Walter Martin Road  
Fort Walton Beach, FL 32548

7. Name and Address of New Registered Agent

Name: D. Timothy Herndon  
Street Address (P.O. Box Number is Not Acceptable) 4502 Highway 20 East, Suite A  
City Niceville FL Zip Code 32578

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]*

3/5/01

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	
TITLE D	Glasser, Winfred <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	4502 Highway 20 East, Suite A
CITY-ST-ZIP	Niceville, FL 32578
TITLE	Director <input type="checkbox"/> Delete
NAME	Jahr, Alfred
STREET ADDRESS	4502 Highway 20 East, Suite A
CITY-ST-ZIP	Niceville, FL 32578
TITLE	Director <input type="checkbox"/> Delete
NAME	Munter, F. J.
STREET ADDRESS	4502 Highway 20 East, Suite A
CITY-ST-ZIP	Niceville, FL 32578
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	700003855607--5
CITY-ST-ZIP	-03/16/01--01042--001
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	***1727.50 ***500.00
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 the signature of the corporation or the receiver or trustee empowered to execute this report is 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01 850-897-4333

Date

Daytime Phone #

CR2E034 (11/00)