

2000 UNIFORM BUSINESS REPORT (UBR)

2/26/00-90006-017-\$150.00-\$150.00

DOCUMENT # P99000054313

1. Entity Name

FLA. HAUS OF MANATEE, INC.

FILED

00 APR -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O MICHAEL VINHAGE
602 HAMPSHIRE LN.
HOLMES BEACH FL 34217

C/O MICHAEL VINHAGE
602 HAMPSHIRE LN.
HOLMES BEACH FL 34217-1224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0929200

Applied For

Not Applicable

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

DUMBAUGH, JOHN D ESO
SYPRETT, MESHAD, RESNICK, LIEB, DUMBAUGH
1900 RINGLING BLVD.
SARASOTA FL 34238

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

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	<input type="checkbox"/> Delete
NAME	STREU, ULRICH	
STREET ADDRESS	C/O MICHAEL VINHAGE, 602 HAMPSHIRE LN.	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	STREU, HEIDI A	
STREET ADDRESS	C/O MICHAEL VINHAGE, 602 HAMPSHIRE LN.	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Feb 15th 00 941 920 5028

Date

Daytime Phone #

CR2E034 (9/99)

KE