

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062029

1. Entity Name

MANAGED COST GROUP, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90066 012 ***150.00

Principal Place of Business

Mailing Address

~~701 COLORADO AVE~~
~~STUART FL 34994~~

PO Box 4480

~~701 COLORADO AVE~~
~~STUART FL 34994-3017~~

Same

Winter Park FL 32793

2. Principal Place of Business

3. Mailing Address

1977 DUNDEE
Suite, Apt. #, etc.

PO Box 4480
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

65-0935456

Applied For

Not Applicable

Zip

Country

Zip

Country

34992

34993

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

SPRAKER, MIKEL C
701 COLORADO AVE
STUART FL 34994

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES/CEO
MIKEL SPRAKER
1977 DUNDEE
Winter Park FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/Treasurer
Jim Westcott
1977 DUNDEE

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Winter Park FL

☐ Delete

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

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CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
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

1/15/00
Date

Daytime Phone #