

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098163

1. Entity Name

MAGNANIMA, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90097 031 ***150.00

Principal Place of Business

Mailing Address

7930 BAY POINTE DRIVE C-42
TAMPA FL 33615

7930 BAY POINTE DRIVE C-42
TAMPA FL 33615-5540

2. Principal Place of Business

100 West Kennedy Blvd

3. Mailing Address

100 West Kennedy Blvd

Suite, Apt. #, etc.

Suite 706

Suite, Apt. #, etc.

Suite 706

City & State

Tampa

City & State

Tampa, FL

Zip

FL

Country

Hills.

Zip

33602

Country

USA

4. FEI Number

59-3607719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEIMBACH, SHARON L
7930 BAY POINTE DRIVE C-42
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name: Sharon L. Heimbach
Street Address (P.O. Box Number is Not Acceptable):
100 West Kennedy Blvd
Suite 706
City: Tampa FL Zip Code: 33602

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

Sharon L. Heimbach

4-7-2000

(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: D
NAME: ADWELL, MARK A
STREET ADDRESS: 14907 GREELEY DRIVE
CITY-ST-ZIP: TAMPA FL 33625 ☐ Delete

TITLE: D
NAME: HEIMBACH, SHARON L
STREET ADDRESS: 7930 BAY POINTE DRIVE C-42
CITY-ST-ZIP: TAMPA FL 33615 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: ADWELL, MARK A
STREET ADDRESS: 1651 SNOW AVE.
CITY-ST-ZIP: TAMPA FL 33606 ☒ Change ☐ Addition

TITLE: ~~D~~
NAME: ~~HEIMBACH, SHARON L~~
STREET ADDRESS: ~~7930 BAY POINTE DRIVE C-42~~
CITY-ST-ZIP: ~~TAMPA FL 33615~~
no change here ☒ Change ☐ Addition

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

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon L. Heimbach

Date

Daytime Phone #

4-7-2000 813-204-9292

CR2E034 (9/99)