

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90094 025 ***150.00

DOCUMENT # V72653

1. Entity Name

MANHATTAN DEVELOPMENT COMPANY, INC. OF MARTIN CO

Principal Place of Business

**915 PINE CASTLE COURT
 STUART FL 34995
 US**

Mailing Address

**PO BOX 1974
 STUART FL 34995**

2. Principal Place of Business

711 S.E. St Lucie Blvd

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART, FLORIDA

City & State

City & State

4. FEI Number

65-0366176

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

Zip

Country

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PENSOLDT, WILLIAM R
 1100 S FEDERAL HWY
 STUART FL 34994**

7. Name and Address of New Registered Agent

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, 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 **PD** ☐ Delete
 NAME **GUNTHER, ROLF S**
 STREET ADDRESS **915 PINE CASTLE CT**
 CITY-ST-ZIP **STUART FL**

TITLE **VP** ☒ Delete
 NAME **CHASE, GAIL**
 STREET ADDRESS **808 S.W. AMETHISNER**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **T** ☐ Delete
 NAME **GUNTHER, ROLF S**
 STREET ADDRESS **915 PINE CASTEL CT**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **S** ☒ Delete
 NAME **JOLLY, PAUL**
 STREET ADDRESS **414 SW LOG DR**
 CITY-ST-ZIP **PT ST LUCIE FL**

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

TITLE **VICE President** ☐ Change ☒ Addition
 NAME **JOLLY, Paul**
 STREET ADDRESS **414 S.W. Log Dr.**
 CITY-ST-ZIP **PT ST LUCIE, FL.**

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

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Gunter, ROLF S.**
 STREET ADDRESS **711 SE St Lucie Blvd**
 CITY-ST-ZIP **STUART, FL. 34996**

TITLE **VICE President** ☐ Change ☒ Addition
 NAME **Patterson, Wanda**
 STREET ADDRESS **2234 SW Edison Circle**
 CITY-ST-ZIP **PT St Lucie, FL. 34953**

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

ROLF S GUNTHER, JR.
President

Date

4/30/01

Daytime Phone #

561-225-1234

CR2E034 (10/00)