

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705431

1. Entity Name

MANASOTA KEY ASSOCIATION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90125 007 ****61.25

Principal Place of Business

Mailing Address

P O BOX 343
ENGLEWOOD FL 34295-7343

P O BOX 343
ENGLEWOOD FL 34295-0343

80012194



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2150584

Applied For

Not Applicable

Zip
34295-0343

Country

Zip

Country

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

~~ROSENBERG, EDWARD~~
~~6295 MANASOTA KEY RD~~
~~ENGLEWOOD FL FL 34223~~

LEFT
KEY

Name ~~MORRISON, HAROLD~~

Street Address (P.O. Box Number is Not Acceptable)

6480 MANASOTA KEY RD

City
ENGLEWOOD

FL

Zip Code
34223

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.

HAROLD M. MORRISON

SIGNATURE

Harold M. Morrison

1/26/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☒ Add ☐ Delete
NAME	AZZONI, ALFRED
STREET ADDRESS	7520 MANASOTA KEY RD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	☒ Add ☐ Delete
NAME	MORRISON, H.
STREET ADDRESS	6480 MANASOTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	☐ Add ☒ Delete
NAME	COUCHOT, KATHERINE
STREET ADDRESS	6935 MANASOTA KEY RD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	☐ Add ☒ Delete
NAME	HITCHCOCK, MEACHAM
STREET ADDRESS	7515 MANASOTA KEY RD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	☒ Add ☐ Delete
NAME	SOMMER, HOWARD
STREET ADDRESS	8310 MANASOTA KEY RD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	☐ Add ☒ Delete
NAME	MC CLUNG, JACQUELINE
STREET ADDRESS	6625 MANASOTA KEY DR
CITY-ST-ZIP	ENGLEWOOD FL

TITLE	☒ Change ☐ Addition
NAME	D
STREET ADDRESS	→
CITY-ST-ZIP	34223
TITLE	☒ Change ☐ Addition
NAME	P
STREET ADDRESS	→
CITY-ST-ZIP	34223
TITLE	☒ Change ☐ Addition
NAME	S
STREET ADDRESS	→
CITY-ST-ZIP	34223
TITLE	☒ Change ☐ Addition
NAME	T
STREET ADDRESS	→
CITY-ST-ZIP	34223
TITLE	☐ Change ☒ Addition
NAME	V
STREET ADDRESS	JOHN WALKER 6800 MANASOTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	☒ Change ☐ Addition
NAME	D
STREET ADDRESS	→
CITY-ST-ZIP	34223

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Meacham Hitchcock HITCHCOCK 1/17/00 941-474-0185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)