

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90053 020 \*\*\*\*61.25

**DOCUMENT # 709794**

1. Entity Name

**MANATEE UNITARIAN-UNIVERSALIST FELLOWSHIP, INC.**

Principal Place of Business

**322 15 STREET WEST  
 BRADENTON FL 34205**

Mailing Address

**322 15 STREET WEST  
 BRADENTON FL 34205-5017**

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

**59-2307451**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALL, ROBERT O  
 1600-1ST AVE WEST APT 507 A  
 BRADENTON FL 34205**

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

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARTZ, CAROL</b>	
STREET ADDRESS	<b>230 59TH STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KENT, MARY R</b>	
STREET ADDRESS	<b>6501 17TH AVE WEST, L207</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROELL, LESLIE</b>	
STREET ADDRESS	<b>5939 TODD STREET, D-31</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEGER, IRENE</b>	
STREET ADDRESS	<b>3730 PINEBROOK CIR. #208</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BALL, ROBERT</b>	
STREET ADDRESS	<b>204 3RD STREET WEST, #204</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALL, JUNE B</b>	
STREET ADDRESS	<b>5902 29TH AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BALL, ROBERT</b>	
STREET ADDRESS	<b>1600 1ST AVE WEST, #507A</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAYES, WILLIAM</b>	
STREET ADDRESS	<b>2308 PALMA SOLA BLVD</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HORD, ED</b>	
STREET ADDRESS	<b>230 GLADIOLUS, PO BOX 504</b>	
CITY-ST-ZIP	<b>ANNA MARIA, FL 34216</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, REBECCA</b>	
STREET ADDRESS	<b>4503 CORAL BLVD.</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34210</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHANKO, GARY</b>	
STREET ADDRESS	<b>1429 17TH STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARTZ, CAROL</b>	
STREET ADDRESS	<b>6208 7TH AVE DR WEST</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	

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:

**REINSTATEMENT REQUIRED**

2-5-01

941-708-9630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)