

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90241 031 ****61.25

DOCUMENT # **712878**

1. Entity Name

MANATEE RIVER PRAM FLEET, INC.

Principal Place of Business

Mailing Address

1301-6TH AVE W
 STE 600
 BRADENTON FLORIDA 34205
 US

1301-6TH AVE W
 STE. 600
 BRADENTON FLORIDA 34205-7440
 US



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

59-6151488

Applied For

Not Applicable

Zip

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

**GRUBB, JOYCE
 1202 SANTIAGO DR.
 BRADENTON FL 34209**

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 **VPD** Delete
 NAME **DIEM, ED**
 STREET ADDRESS **6888 POINSETTA ST**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ROSE, GAIL**
 STREET ADDRESS **915 76TH STREET NW**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME **611 89th St NW**
 STREET ADDRESS **Bradenton FL 34209**
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **GRUBB, MS JOYCE**
 STREET ADDRESS **1202 SANTIAGO DR.**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **RUDEK, TINA**
 STREET ADDRESS **1812 84TH ST N**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME **SD**
 STREET ADDRESS **PATTI KNOWLES**
 CITY-ST-ZIP **116 NORTH 28TH ST. W.
 BRADENTON, FL. 34205**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Gail Rose*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 941-792-1715
 Date Daytime Phone #

CR2E037 (9/99)