

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 08:00 AM
Secretary of State

DOCUMENT # 739165

1. Entity Name
MANATEE CHILDREN'S SERVICES, INCORPORATED

Principal Place of Business 1101 6TH AVE WEST STE. 218 BRADENTON FL 34205	Mailing Address 1101 6TH AVE WEST STE. 218 BRADENTON FL 34205
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-1771210

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCCARTY NANCY
1101 6TH AVENUE WEST
SUITE 218
BRADENTON FL 34205

7. Name and Address of New Registered Agent
 Name
THOMPSON MELINDA C
 Street Address (P.O. Box Number is Not Acceptable)
1101 6TH AVENUE WEST
SUITE 218
 City
BRADENTON FL Zip Code
34205

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 **MELINDA C. THOMPSON** DATE **03/13/2001**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP TOKAJER MAJOR BILL 1004-9TH AVE W BRADENTON FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS ED 1112 MANATEE AVE WEST BRADENTON FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAINES AILEEN 3806-34TH AVE W. BRADENTON FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERCE DARIN 5550-26TH ST W #3 BRADENTON FL 34207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS BRIAN 610 RIVERSIDE DR PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS JIM 3308-7TH ST CIR W PALMETTO FL 34221 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP TOKAJER MAJOR BILL 100 10TH STREET BRADENTON FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARR BRENDA 212 7TH ST EAST BRADENTON FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCANGA JOHN 3503 AVENDIA MADERA BRADENTON FL 34210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWHALL TIM 601 12TH STREET WEST BRADENTON FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS JIM 3851 SOUTH TUTTLE AVENUE SARASOTA FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Jim Wells** P DATE: **03/13/2001**

CR2E037 (11/00)