

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752485

1. Entity Name

MANATEE COUNTY CULTURAL ALLIANCE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90005 047 ****61.25

Principal Place of Business

Mailing Address

529 13TH STREET W., SUITE 303
BRADENTON FL 34205
US

P.O. BOX 672
PALMETTO FL 34221

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

59-2012576

Applied For

Not Applicable

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

KEELER, CARL
211 CHAUNCEY AVENUE E.
BRADENTON FL 34208

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

Carl Keeler

CARL KEELER

April 7, 2000

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 PD ☐ Delete
NAME KEELER, CARL
STREET ADDRESS 211 CHAUNCEY AVENUE E.
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE VPD ☐ Delete
NAME TIBERINI, ANTHONY
STREET ADDRESS 605-C MANATEE AVENUE W.
CITY-ST-ZIP BRADENTON FL 34217

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

TITLE TD ☐ Delete
NAME MACCONNELL, SHARON
STREET ADDRESS 1015 ESTRE MADIRA DR
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1015 ESTREMADURA DR
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PROMADEJ, NIKKI
STREET ADDRESS 102 MANATEE AVENUE W.
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS JORGE R CHACON
CITY-ST-ZIP P.O. BOX 48186
SARASOTA FL 34230

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: *CARL KEELER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2000 (941) 752-5561
Date Daytime Phone #

CR2E037 (9/99)