2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11899

1. Entity Name

MANATEE COUNTY CATTLEWOMEN ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90255 025 ****61.25

Principal Place of Business	Mailing Address
% JEAN SLAUGHTER 3704 51 STREET EAST BRADENTON FL 34208	% JEAN SLAUGHTER 3704 51 STREET EAST BRADENTON FL 34208-6853

DO NOT WRITE IN THIS SPACE

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 59-2816095 ☐ 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
HARLLEE, JOHN P III 1205 MANATEE AVENUE WEST BRADENTON FL 33505	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROWELL, DONNA 6771 283 ST. MYAKKA CITY FL 34251	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROWELL, DONNA 6771 283 ST E MYAKKA CITY FL 34251	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARKS, LINDA 4908 51ST STREET EAST BRADENTON FL 34203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BAILEY, KIM 8755 ERIE LN PARRISH FL 34219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRITT, LINDA 6919 120TH AVE E PARRISH FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICKERS SHERIE 6791 283d ST E MYAKKA CITY, FL 34251	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTSON, JANE 10120 - 25 ST. E. PARRISH FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANTZ, DIANA 45200 73d ST E MYAKKA CITY FL 34251	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKSTONE, FAYE 11820 U.S. 301 N. PARRISH FL 34219	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRISH, JULIA 35200 CLAY GULLY RD MYAKKA CITY FL 34251	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED Jane A. Robertson 4/12/00 941-776-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TRES Date Daytime Phone #