

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N11899**

1. Entity Name

MANATEE COUNTY CATTLEWOMEN ASSOCIATION, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90260 047 *****61.25

0074168

Principal Place of Business

% JEAN SLAUGHTER
3704 51 STREET EAST
BRADENTON FL 34208

Mailing Address

% JEAN SLAUGHTER
3704 51 STREET EAST
BRADENTON FL 34208

00033304



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

59-2816095

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

HARLEE, JOHN P III
1205 MANATEE AVENUE WEST
BRADENTON FL 33505

7. Name and Address of New Registered Agent

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

TITLE	P	☒ Delete
NAME	ROWELL, DONNA	
STREET ADDRESS	6771 283 ST.	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	V	☐ Delete
NAME	BAILEY, KIM	
STREET ADDRESS	8755 ERIE LN	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	S	☒ Delete
NAME	BRITT, LINDA	
STREET ADDRESS	6919 120TH AVE E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	T	☐ Delete
NAME	ROBERTSON, JANE	
STREET ADDRESS	10120 - 25 ST. E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	☒ Delete
NAME	FRANTZ, DIANA	
STREET ADDRESS	45200 73D STE	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	D	☒ Delete
NAME	PARRISH, JULIA	
STREET ADDRESS	35200 CLAY GULLY RD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V-D	☐ Change ☒ Addition
NAME	VICKERS, SHERIE	
STREET ADDRESS	6791 283D STE	
CITY-ST-ZIP	MYAKKA CITY FL 34219	
TITLE	P-D	☒ Change ☐ Addition
NAME	BAILEY, KIM	
STREET ADDRESS	8755 ERIE LANE	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	S	☒ Change ☒ Addition
NAME	DESCAR, SANDRA	
STREET ADDRESS	4608 34TH AVE	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	☐ Change ☒ Addition
NAME	PARKS, LINDA	
STREET ADDRESS	4908 51ST STE	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		☐ Change ☐ Addition
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: **JANE ROBERTSON** *Jane A Robertson* 4/20/01 941-776-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)