## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: JANE A ROBERTEON

## Apr 22, 2002 8:00 am Secretary of State **DOCUMENT # N11899** 1. Entity Name MANATEE COUNTY CATTLEWOMEN ASSOCIATION, INC. 04-22-2002 90295 048 \*\*\*\*61.25 Principal Place of Business Mailing Address % JEAN SLAUGHTER % JEAN SLAUGHTER 3704 51 STREET EAST 3704 51 STREET EAST **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2816095 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARLLEE, JOHN P III 1205 MANATEE AVENUE WEST **BRADENTON FL 33505** City Zip Code FI 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PIX 🔀 Addition TITLE ☐ Change TITLE Delete THOMPSON, DONNA BAILEY, KIM NAME NAME BSOD ASSTE PARRISH FL 34219 STREET ADDRESS 8755 ERIE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARRISH EL 34219 ☐ Change ☐ Delete TITLE TITLE VEHLING , WENDY VICKERS, SHERIE NAME NAME 13450 GOLF COURSE RD STREET ADDRESS 6791 283 D ST E STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP CITY-ST-ZIP MYAKKA CITY FL 34219 Change . ☐ Addition Delete -TITLE TITLE -ROBERTSON, JANE NAME NAME 10120 - 25 ST. E. STREET ADDRESS STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete DESAR, SANDRA NAME : NAME 4608 34TH AVE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition PARKS, LINDA NAME NAME 4908 51ST ST E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED