## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N37823** Aug 01, 2000 8:00 am Secretary of State 1 €Entity Name MAYOR'S DRUG FREE COMMUNITIES COMMITTEE, INC. 08-01-2000 90115 003 \*\*\*\*61.25 Principal Place of Business Mailing Address 202 13TH AVE EAST 202 13TH AVE EAST **BRADENTON FL 34208 BRADENTON FL 34208** 3. Mailing Address 2. Principal Place of Business 890 CENTRAL AVENUE 890 CENTRAL AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0183712 Not Applicable SARASOTA, FL SARASOTA, FL \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 34236 34236 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDREWS, MARY ANN 890 CENTRAL AVENUE 202 13TH AVE EAST **BRADENTON FL 34208** Zip Code City SARASOTA 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ECPD Addition K Delete TITLE TITL F **ECPD** JACOBY, JAKE NAME NAME LEWIS, JOHN STREET ADDRESS 30008 39TH AVE WEST STREET ADDRESS 890.CENTRAL AVENUE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** SARASOTA, FL. 34236 Addition **ECVP** TITLE ☐ Delete TITLE HOLLAND, LINDA NAME NAME SNYDER, LINDA STREET ADDRESS 617 GILLESPIE AVENUE STREET ADDRESS 1112 MANATEE AVENUE W.; SUITE 303 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP BRADENTON - FL 34206-Addition ☐ Change TITLE TITLE X Delete DESUE, WILLIAM NAME NAME STREET ADDRESS 1300 5TH STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 ED ☐ Change ■ Addition Delete TITLE ANDREWS, MARY A NAME NAME STREET ADDRESS 202 13TH AVE EAST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 ag SIGNATURE: