

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002617

1. Entity Name

MANATEE SCHOOL OF ARTS AND SCIENCES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90224 020 ****70.00

Principal Place of Business 7315 1ST AVE W BRADENTON FL 34209 US	Mailing Address 7315 1ST AVE W BRADENTON FL 34209-2214 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0750813	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOLLY, MIRIAM
6315 2ND AVENUE NORTHWEST
BRADENTON FL 34209

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	JOLLY, MIRIAM	
STREET ADDRESS	6315 2ND AVENUE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOYLE, ROBERT	
STREET ADDRESS	6406 1ST AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSENBLUTH, FRAN	
STREET ADDRESS	8304 12TH AVE DR NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYNTON, ROBERT	
STREET ADDRESS	5212 24TH AVE DR W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	KITZMULLER, ROBERT	
STREET ADDRESS	4407 PARK LAKE TERRACE NORTH	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, T, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosenbluth, Fran	
STREET ADDRESS	8304 12th Avenue Dr NW	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Fran Rosenbluth 1/12/2000 941-792-4504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)