

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90361 020 \*\*\*\*70.00

**DOCUMENT # N97000002617**

1. Entity Name  
**MANATEE SCHOOL OF ARTS AND SCIENCES, INC.**

Principal Place of Business

Mailing Address

~~7315 1ST AVE W~~  
~~BRADENTON FL 34209~~  
~~US~~

7315 1ST AVE W  
 BRADENTON FL 34209  
 US

2. Principal Place of Business

3. Mailing Address

3700 32nd St. W.

3700 32nd St. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0750813

Applied For

Not Applicable

Zip

34205

Country

USA

Zip

34205

Country

USA

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

JOLLY, MIRIAM  
 6315 2ND AVENUE NORTHWEST  
 BRADENTON FL 34209

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 *Miriam Jolly*  
 Signature, typed or printed name of registered agent and date if applicable.

1/9/02  
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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	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	STD	<input checked="" 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		

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		
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: *Miriam Jolly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 941-755-5012  
 Date Daytime Phone #

CR2E037 (9/01)