

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90143 026 \*\*\*\*70.00

**DOCUMENT # N97000002617**

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



Principal Place of Business  
**3700 32ND ST W  
BRADENTON FL 34209  
US**

Mailing Address  
**3700 32ND ST W  
BRADENTON FL 34209  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0750813**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **JOLLY, MIRIAM**  
STREET ADDRESS **6315 2ND AVENUE NW**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Delete  
NAME **DOYLE, ROBERT**  
STREET ADDRESS **6406 1ST AVE W**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD**  Delete  
NAME **ROSENBLUTH, FRAN**  
STREET ADDRESS **8304 12TH AVE DR NW**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **1418 Millbrook Circle**  
CITY-ST-ZIP **Bradenton Florida 34212**

TITLE **D**  Delete  
NAME **HYNTON, ROBERT**  
STREET ADDRESS **5212 24TH AVE DR W**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **KITZMULLER, ROBERT**  
STREET ADDRESS **4407 PARK LAKE TERRACE NORTH**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE  Change  Addition  
NAME **Kitzmilller, Robert**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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: *Miriam Jolly* **REQUIRED**

*Jan. 9, 03*

CR2E037 (10/02)