

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47125

1. Entity Name

PORT MANATEE TENANT'S ASSOCIATION, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90023 014 ****70.00

Principal Place of Business	Mailing Address
C/O LAFARGE FLORIDA 304 NATIONAL ST PALMETTO FL 34221 US	C/O LAFARGE FLORIDA 304 NATIONAL ST PALMETTO FL 34221-6601 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	Applied For
65-0320981	Not Applicable

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RYAN, NICHOLAS E. J 304 NATIONAL ST STE 2900 PALMETTO FL 34221

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 _____ 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DT ☐ Delete
NAME	RYAN, NICHOLAS E. JR
STREET ADDRESS	304 NATIONAL ST/PT MANATEE
CITY-ST-ZIP	PALMETTO FL
TITLE	D ☐ Delete
NAME	TEMPLE, MARK
STREET ADDRESS	475 N DOCK ST
CITY-ST-ZIP	PALMETTO FL
TITLE	SD ☐ Delete
NAME	STANSBERRY, DONNA
STREET ADDRESS	P.O. BOX 338 NA
CITY-ST-ZIP	BRADENTON FL
TITLE	D ☐ Delete
NAME	SCOTT, ODELL
STREET ADDRESS	2114 PINEY POINT RD
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	VPD ☐ Delete
NAME	EDENFIELD, L. EUGENE
STREET ADDRESS	13250 EASTERN AVE
CITY-ST-ZIP	PALMETTO FL
TITLE	PD ☐ Delete
NAME	ERB, PETER
STREET ADDRESS	200 SOUTH TERMINAL STREET
CITY-ST-ZIP	PALMETTO FL 34221

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: NICHOLAS E. RYAN, JR 5/31/00 941-722-3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #