

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-03-2000 90088 009 ****61.25

DOCUMENT # N99000004058

1. Entity Name

MCOLA MANATEE CITIZENS FOR OFF LEASH AREAS, INC.

Principal Place of Business

Mailing Address

**5102 30 STREET WEST
BRADENTON FL 34207**

**5102 30 STREET WEST
BRADENTON FL 34207-1609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

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

**CRAWFORD, LAURIE
5102 30 STREET WEST
BRADENTON FL 34207**

Name

N/A

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT P
LAURIE CRAWFORD
5102 30TH ST W
BRADENTON FL 34207**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T PENNY GRUBER
TREASURER
3704 27TH AVE W
BRADENTON 34205**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**IRENE BOWLES, SEC
2206 22nd Ave W
BRADENTON FL 34205**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S HILDA RUSSELL
4003 BAYSIDE CT
BRADENTON FL 34210**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T SUE KOLLE
610 IXORA AVE
BRADENTON FL 34222**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Sue Kolle, Treasurer

Date

Daytime Phone #

CR2E037 (9/99)