

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004058

1. Entity Name

MCOLA MANATEE CITIZENS FOR OFF LEASH AREAS, INC.

Principal Place of Business

5102 30 STREET WEST  
BRADENTON FL 34207  
US

Mailing Address

5102 30 STREET WEST  
BRADENTON FL 34207  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

TITLE PD ☐ Delete  
NAME CRAWFORD, LAURIE  
STREET ADDRESS 5102 30TH ST W  
CITY-ST-ZIP BRADENTON FL 34207

TITLE SD ☐ Delete  
NAME RUSSELL, HILDY  
STREET ADDRESS 4003 BAYSIDE CT  
CITY-ST-ZIP BRADENTON FL 34210

TITLE DT ☐ Delete  
NAME KOLZE, SUE  
STREET ADDRESS 610 IXORA AVE  
CITY-ST-ZIP ELLENTON FL 34222

TITLE D ☐ Delete  
NAME CAMPBELL, SUE  
STREET ADDRESS 1277 92ND ST NW  
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☐ Delete  
NAME MEANS, MARY K  
STREET ADDRESS 3516 55 PLE  
CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ Delete  
NAME KINNAN, LINDA  
STREET ADDRESS 304 69TH ST NW  
CITY-ST-ZIP BRADENTON FL 34209

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer / Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE v.p. / Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Sec / Director ☐ Change ☒ Addition  
NAME Kathleen Thompson  
STREET ADDRESS 119 32nd st w  
CITY-ST-ZIP Bradenton FL 34205

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

SIGNATURE: *SIGNATURE OF HILDY S RUSSELL* 1/11/02 813 247-6282