

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N47125**

1. Entity Name

PORT MANATEE TENANT'S ASSOCIATION, INC.**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90182 020 ****61.25

Principal Place of Business

Mailing Address

C/O LAFARGE FLORIDA
304 NATIONAL ST
PALMETTO FL 34221
USC/O LAFARGE FLORIDA
304 NATIONAL ST
PALMETTO FL 34221
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

65-0320981

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**RYAN, NICHOLAS E. J
304 NATIONAL ST
STE 2900
PALMETTO FL 34221

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 \$61.259. 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 **DT** ☐ Delete
NAME **RYAN, NICHOLAS E. JR**
STREET ADDRESS **304 NATIONAL ST/PT MANATEE**
CITY-ST-ZIP **PALMETTO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **TEMPLE, MARK**
STREET ADDRESS **475 N DOCK ST**
CITY-ST-ZIP **PALMETTO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **STANSBERRY, DONNA**
STREET ADDRESS **P.O. BOX 338 NA**
CITY-ST-ZIP **BRADENTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SCOTT, ODELL**
STREET ADDRESS **2114 PINEY POINT RD**
CITY-ST-ZIP **PALMETTO FL 34221**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **EDENFIELD, L. EUGENE**
STREET ADDRESS **13250 EASTERN AVE**
CITY-ST-ZIP **PALMETTO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **GUILIANI, BRIAN**
STREET ADDRESS **200 DEL MONTER WAY**
CITY-ST-ZIP **PALMETTO FL 34221**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 #

CR2E037 (9/01)