

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

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

01-13-2003 90686 035 \*\*\*\*61.25

**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

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number NOT APPLICABLE**

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

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	<input type="checkbox"/> Delete
NAME	CRAWFORD, LAURIE	
STREET ADDRESS	5102 30TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	RUSSELL, HILDY	
STREET ADDRESS	4003 BAYSIDE CT	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	KOLZE, SUE	
STREET ADDRESS	610 IXORA AVE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	SECD	<input type="checkbox"/> Delete
NAME	THOMPSON, KATHLEEN	
STREET ADDRESS	119 32ND ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEANS, MARY K	
STREET ADDRESS	3516 55 PLE	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINNAN, LINDA	
STREET ADDRESS	304 69TH ST NW	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Secd  
Joanne Sampson  
2380 33rd Ave Dr. W  
Bradenton FL 34205*

**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:** *HILDY RUSSELL* **TREASURER** *1/9/03* *813* *247-6282*

CR2E037 (10/02)