

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90167 011 ***150.00

0402848

DOCUMENT # 333247

1. Entity Name
MANATEE INVESTMENT CORPORATION

Principal Place of Business

P.O. BOX 1550
 1023 MANATEE AVE W
 BRADENTON FL 34205

Mailing Address

P.O. BOX 1550
 1023 MANATEE AVE W
 BRADENTON FL 34205

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 **59-1274346**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRIMES, WILLIAM C
1023 MANATEE AVE W
BRADENTON FL 34205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME **D KING, SUSAN** ☐ Delete
 STREET ADDRESS **4630 60TH ST. EAST**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE
 NAME **VD MURRAY, LUCILLE P.** ☐ Delete
 STREET ADDRESS **1050 RIVERSIDE DR A302**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE
 NAME **PD GRIMES, WILLIAM C** ☐ Delete
 STREET ADDRESS **4414 24TH AVE E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE
 NAME **STD GRIMES, CALEB J** ☐ Delete
 STREET ADDRESS **3612 16TH AVE E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William C. Grimes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM C. GRIMES, PRES. 2-6-01 9417480151

CR2E034 (10/00)