## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # 516271** 1. Entity Name MANATEE MANAGEMENT, INC. 04-19-2000 90031 002 \*\*\*150.00 Principal Place of Business Mailing Address 3711 CORTEZ ROAD W. 3711 CORTEZ ROAD W. **STE 300** SUITE 300 **BRADENTON FL 34210-3108 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1759028 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSON, ANN M Street Address (P.O. Box Number is Not Acceptable) 3711 CORTEZ RD W STE 300 **BRADENTON FL 34210** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE NAME SCHIER, JAMES R. NAME STREET ADDRESS STREET ADDRESS 3711 CORTEZ RD., SW STE 300 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL SD Delete ☐ Change ☐ Addition TITLE TITLE OLSON, ANN M NAME NAME 3711 CORTEZ RD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL -- □ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

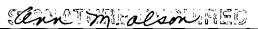
SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME



Delete

ANN M. OLSON

☐ Change

Addition