

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710308

1. Entity Name

MANATEE ASSOCIATION OF REALTORS, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90006 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2901 MANATEE AVE. WEST  
BRADENTON FL 34205

2901 MANATEE AVE. WEST  
BRADENTON FL 34205-4238

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

59-6180920

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

ROTONDO, ROBERT  
4654 SR 64 E.  
BRADENTON FL 34208

Name

DONALD E. SCHRODER

Street Address (P.O. Box Number is Not Acceptable)

5503 MARINA DRIVE

City

HOLMES BEACH,

FL

Zip Code

34217-1515

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

DONALD E. SCHRODER, 2000 PRESIDENT

1/26/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ROTONDO, ROBERT	
STREET ADDRESS	4654 STATE RD. 64 E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENWAY, JEFF	
STREET ADDRESS	605C MANATEE AVE	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAAR, POLLY	
STREET ADDRESS	6302 MANATEE AVE. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLDERNESS, JUDY	
STREET ADDRESS	7421 N. TAMiami TR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, ROBERT	
STREET ADDRESS	3014 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHRODER, DON	
STREET ADDRESS	5600 MARINA DR. #8	
CITY-ST-ZIP	HOLMES BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRODER, DONALD E.	
STREET ADDRESS	5503 MARINA DRIVE	
CITY-ST-ZIP	HOLMES BEACH, FL 34217-1515	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLISZEWSKI, JOAN	
STREET ADDRESS	5704 MANATEE AVENUE WEST	
CITY-ST-ZIP	BRADENTON, FL 34209-2539	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAAR, POLLY	
STREET ADDRESS	6400 MANATEE AVENUE WEST, STE. A	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPP, PATRICIA	
STREET ADDRESS	3007 MANATEE AVENUE WEST	
CITY-ST-ZIP	BRADENTON, FL 34205-4240	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSARIO, MAGDIEL (MIKE)	
STREET ADDRESS	4900 MANATEE AVENUE WEST, STE. 101	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMBRELL, BETTY	
STREET ADDRESS	9516 CORTEZ ROAD, WEST #2	
CITY-ST-ZIP	BRADENTON, FL 34210	

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

January 28, 2000

Date

941-747-1818

Daytime Phone #

CR2E037 (9/99)