

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED

Mar 01, 2001 8:00 am
Secretary of State

02-01-2001 90046 014 ****61.25

DOCUMENT # 710308

1. Entity Name

MANATEE ASSOCIATION OF REALTORS, INC.

Principal Place of Business

2901 MANATEE AVE. WEST
BRADENTON FL 34205

Mailing Address

2901 MANATEE AVE. WEST
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

59-6180920

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

SCHRODER, DONALD E
5503 MARINA DR
HOLMES BEACH FL 34217

Name

Betty G. Gambrell

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

9516 Cortez Road West, #2

City

Bradenton,

FL

Zip Code

34210

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 **Betty G. Gambrell**

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

(NOTE: Registered Agent signature required when reinstating)

1/17/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROTONDO, ROBERT	
STREET ADDRESS	4654 STATE RD. 64 E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLISZEWSKI, JOAN	
STREET ADDRESS	5704 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	POLLY, GAAR	
STREET ADDRESS	6400 MANATEE AVE W STE A	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSARIO, MAGDIEL	
STREET ADDRESS	4900 MANATEE AVE W STE 101	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHRODER, DON	
STREET ADDRESS	5600 MARINA DR. #8	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gambrell, Betty G.	
STREET ADDRESS	9516 Cortez Road West, #2	
CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliszewski, Joan	
STREET ADDRESS	5704 Manatee Avenue West	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rotondo, Robert	
STREET ADDRESS	4654 State RD. 64 E.	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rawlings, Rod	
STREET ADDRESS	3639 Cortez Road	
CITY-ST-ZIP	Bradenton, FL 34210	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President-Elect Forbes, Dan	
STREET ADDRESS	3021-B Manatee Avenue West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watson, Wayne	
STREET ADDRESS	6302 Manatee Avenue West	
CITY-ST-ZIP	Bradenton, FL 34209	

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 #

CRCE037 (10/00)

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see page 1

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TITLE	D	<input type="checkbox"/> Delete
NAME	OLISZEWSKI, JOAN	
STREET ADDRESS	5704 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	P	<input type="checkbox"/> Delete
NAME	POLLY, GAAR	
STREET ADDRESS	6400 MANATEE AVE W STE A	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSARIO, MAGDIEL	
STREET ADDRESS	4900 MANATEE AVE W STE 101	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHRODER, DON	
STREET ADDRESS	5600 MARINA DR. #8	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker, Lynn	
STREET ADDRESS	3639 Cortez Road, West, Ste. 200	
CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koeck, John	
STREET ADDRESS	965 Riverside Drive	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosario, Mike	
STREET ADDRESS	4900 Manatee Avenue West, Ste. 101	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolpers, Ann	
STREET ADDRESS	6400 Manatee Avenue West, Ste. A	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Copp, Patricia	
STREET ADDRESS	3007 Manatee Avenue West	
CITY-ST-ZIP	Bradenton, FL 34205-4240	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)