

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90008 016 ****61.25

DOCUMENT # 713113

1. Entity Name

MANATEE COUNTY MEDICAL EDUCATION FOUNDATION, INC

Principal Place of Business

4521 26TH STREET WEST
BRADENTON FL 34207
US

Mailing Address

P.O. BOX 1564
BRADENTON FL 34206-1564
US

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

59-6503728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FASOLI, MAUREEN
312 77TH STREET N.W.
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name: Thomas, Suzanne
Street Address (P.O. Box Number is Not Acceptable)
210 Peacock Lane
Holmes Beach
City FL Zip Code 34217

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

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	PO	<input type="checkbox"/> Delete
NAME	FASOLI, MAUREEN	
STREET ADDRESS	312 77TH NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRYE, PATSY	
STREET ADDRESS	5300 GULF DR. NORTH	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNAH, GAIL	
STREET ADDRESS	4804 RIVERVIEW BLVD WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, BETTY	
STREET ADDRESS	6500 RIVERVIEW BLVD W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAY, ANN	
STREET ADDRESS	2611 BAY DRIVE	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAXTON, JOCUIE	
STREET ADDRESS	510 63RD STREET N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maureen Fasoli	
STREET ADDRESS	312 77th St. NW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Suzanne	
STREET ADDRESS	210 Peacock Lane	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newhall, Joseph	
STREET ADDRESS	3304 Riverview Blvd	
CITY-ST-ZIP	Bradenton FL 34205	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bellino, Sherry	
STREET ADDRESS	9303 17th Avenue NW	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milazzo, Coleen	
STREET ADDRESS	7206 Pine Valley St.	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Demetree, Sharon	
STREET ADDRESS	1312 Riverview Circle, NW	
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:

Coleen P. Milazzo, Coleen P. Milazzo Treasurer 3/10/2000 941-359-9340
Suzanne Thomas, Suzanne Thomas President 3/10/2000 941-778-5674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#713113
A0032235

ADDENDUM TO 2000 UNIFORM BUSINESS REPORT
DOCUMENT # 713113
FEI NUMBER 59-6503728

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: Rothfeld, Julie
ADDRESS: 2519 89th Street, N.W.
CITY-ST-ZIP: Bradenton, FL 34209

TITLE: D
NAME: Thomas, Mary
ADDRESS: 4610 Riverview Blvd.
CITY-ST-ZIP Bradenton, FL 34209