

2001 UNIFORM BUSINESS REPORT (UBR)

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
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

7. Name and Address of New Registered Agent

THOMAS, SUZANNE
210 PEACOCK LANE
HOLMES BEACH FL 34217

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D FASOLI, MAUREEN 312 77TH NW BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWHALL, JOSEPH 3304 RIVERVIEW BLVD BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNAH, GAIL 4804 RIVERVIEW BLVD WEST BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLINO, SHERRY 9303 17TH AVENUE NW BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAY, ANN 2611 BAY DRIVE BRADENTON FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAXTON, JOCQUE <i>Correction JACQUE</i> 510 63RD STREET N.W. BRADENTON FL 34209	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Milazzo, Coleen P. 7206 Pine Valley St Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas, Suzanne 210 Peacock Lane Holmes Beach, FL 34217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demetree, Sharon 1312 Riverview Circle NW Bradenton FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peters, Carol 703 88th St. NW Bradenton, FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodriguez, Diane 2104 87th St. NW Bradenton FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rothfeld, Julie 2519 89th St. NW Bradenton, FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Suzanne Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

941-778-5674

Date

Daytime Phone #

CR2E037 (10/00)

0070

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90049 041 ****61.25



DO NOT WRITE IN THIS SPACE

attachment
D# 71313
Manatee County Medical Education Foundation, Inc.

**P.O. Box 1564
Bradenton, Florida 34206**

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ADDITIONS TO #10

TITLE : D

**NAME: SUBBIONDO, DEBBIE
508 51ST STREET, NW
BRADENTON, FL 34209**

TITLE:D

**NAME: THOMAS, MARY
4610 RIVERVIEW BLVD
BRADENTON, FL 34209**

TITLE: D

**NAME: VALADIE, KYRA
1205 92ND STREET NW
BRADENTON, FL 34209**