

# 2002 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	MILAZZEN, COLEEN P Milazzo, Coleen
STREET ADDRESS	7206 PINE VALLEY ST
CITY-ST-ZIP	BRADENTON FL 34202
TITLE	<input type="checkbox"/> Delete
NAME	NEWHALL, JOSEPH
STREET ADDRESS	3304 RIVERVIEW BLVD
CITY-ST-ZIP	BRADENTON FL 34205
TITLE	<input type="checkbox"/> Delete
NAME	DEMETREE, SHARON
STREET ADDRESS	1312 RIVERVIEW CIRCLE NW
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	PETERS, CAROL
STREET ADDRESS	703 88TH ST. NW
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	<input checked="" type="checkbox"/> Delete
NAME	DAY, ANN
STREET ADDRESS	2611 BAY DRIVE
CITY-ST-ZIP	BRADENTON FL 34207
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BRAXTON, JOCQUIE
STREET ADDRESS	510 63RD STREET N.W.
CITY-ST-ZIP	BRADENTON FL 34209

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renee Pennebacker, Renee
STREET ADDRESS	110 39th St. Ct NW
CITY-ST-ZIP	Bradenton, FL 34205
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Diane
STREET ADDRESS	2104 57th St NW
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rothfeld, Julie
STREET ADDRESS	2519 89th St NW
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Suzanne
STREET ADDRESS	210 Peacock Lane
CITY-ST-ZIP	Holmes Beach, FL 34217
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valadie, Kyra
STREET ADDRESS	1205 92nd St NW
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Mary
STREET ADDRESS	4610 Riverview Blvd
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02 941-778-5674

CR2E037 (9/01)

0085495

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90088 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

*Attachment Doc# 713113/625341*

2002 BUSINESS REPORT DOCUMENT #713113  
MANATEE COUNTY MEDICAL FOUNDATION

ADDITIONS TO #10

TITLE: D  
SUBBIONDO, DEBBIE  
508 51<sup>ST</sup> STREET NW  
BRADENTON, FL 34209

TITLE: D  
HILLSTROM, SHARON  
1215 62<sup>ND</sup> ST NW  
BRADENTON, FL 34209