

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718716

1. Entity Name

MANATEE COUNTY 4-H CLUB FOUNDATION, INC.

Principal Place of Business

1303 17TH STREET
PALMETTO FL 34221

Mailing Address

1303 17TH STREET
PALMETTO FL 34221

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

65-0457701

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

GAY, JACK
1303 17TH ST WEST
PALMETTO FL 34221

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 PD
NAME BRYANT, SHIRLEY G. ☒ Delete
STREET ADDRESS 1303 17 ST W
CITY-ST-ZIP PALMETTO FL 34221

TITLE VD
NAME SANDRA HAAS-MARTENS ☒ Change ☐ Addition
STREET ADDRESS 1303 17TH ST W
CITY-ST-ZIP PALMETTO FL 34221

TITLE VD
NAME GAY, JACK ☒ Delete
STREET ADDRESS 1303-17TY ST. W.
CITY-ST-ZIP PALMETTO FL 34221

TITLE PD
NAME GAY, JACK ☒ Change ☐ Addition
STREET ADDRESS 1303 17TH ST W
CITY-ST-ZIP PALMETTO, FL 34221

TITLE STD
NAME LUCAS, EARLE JR ☐ Delete
STREET ADDRESS 1303 17TH ST
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WALKER, DAVID ☐ Delete
STREET ADDRESS 1303 17TH ST W.
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DAVID WALKER / J. D. ENQUERRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 14, 2002 (941) 722-4524

Date

Daytime Phone #

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90160 011 ****61.25

80014039



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment Doc # 718716 B0014039

4-H CHECK REQUEST VOUCHER

DATE CHECK WRITTEN *January 14, 2002* APPROVED BY *Dfw*

CHECK NUMBER *783* AMOUNT *61.25* BY *H*

FOUNDATION EVENT ACCOUNT TO BE CHARGED *Prism fee*

CLUB/SPECIAL ACCOUNT TO BE CHARGED

MAKE CHECK PAYABLE TO: *Department of State*

NAME

ADDRESS --

ATTACH COPY OF RECEIPT HERE

ATTACH CHECK HERE