2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jan 21, 2003 8:00 am **Secretary of State DOCUMENT # 721983** 1. Entity Name 01-21-2003 90108 019 ****70.00 SARASOTA-MANATEE MANUFACTURERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1005-MAIN-9T--1605 MAIN ST **GUITE 1005** SUITE 1005 SARASOTA-FL-34236 SARASOTA FL-34236 US US 2. Principal Place of Business 3. Mailing Address 5125 tucker 199 POBOX 22228 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HEBE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2129773 Applied For SAMSOTA SAMSOTT Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent eter TRAW WINTERROWD, DAVID Street Address (P.O. Box Number is Not Acceptable) 1800 2ND STREET SUITE 735/ FLICKER FIEL SARASOTA FL 34236 Zip Code 34231 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Added to Fees Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition CONNELLY, KEVIN NAME NAME 4487 A ASHTON RO. STREET ADDRESS 7867-FRUITVILLE-ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 SARASOTA FL 34232 CITY-ST-ZIP TITLE ۷P ☐ Delete ☐ Addition NAME vervane, ed 1535 NORTHEATE BUD. STREET ADDRESS 6223 MCINTISH ROAD SOUTH STREET ADDRESS CITY-ST-ZIP -SAMSOTA-FL 34234 SARASOTA_FL_34238 CITY-ST-ZIP-TITLE ☐ Delete TITLE NAME Straw, Peter NAME S125 FLICKER FIELD CR. SAMSOTA FL. 34231 STREET ADDRESS 3529-SAULSTARS COURT STREET ADDRESS CITY-ST-7IP SABASOTA FL 34232 CITY-ST-ZIP TITLE Delete TITLE FAMES ALLAN GOGLABATTE NAME WINTERROWD, DAVID NAME STREET ADDRESS 1301 6TH AVE WEST STE., #600 240 S. Pineapple Ave. STE LOL STREET ADDRESS CITY-ST-ZIP Bradenton FL 34205 CITY-ST-7IP < AMSOTA TITLE ☐ Delete TITLE ☐ Addition NAME SIEGEL, MARK NAME STREET ADDRESS 1683 CATTLEMEN RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-7IP

400 SANDSOTA CENTER BLUD SANDSOTA PL 3424D 12. I hereby certify that the information supplied with this filling 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 of an attachment with an oddress, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CAVANAUGH, JOHN

SARASOTA FL 34240

1805 APEX RD

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

LINDY SMITH

ALADOIN EQUIPMENT

3764272

☐ Change

Addition