2001 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 727106** Mar 13, 2001 8:00 am 1. Entity Name **Secretary of State** SOUTH MANATEE SERTOMA CLUB OF BRADENTON, INC. 01-31-2001 90302 038 ****61.25 Principal Place of Business Mailing Address 6749 MANATEE AVE W 6749 MANATEE AVE W **BRADENTON FL 34209 BRADENTON FL 34209** 00172 us 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7216994 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOOD OF LARLY SOUTO, RAMIRO 2614 FREELAND DR AVELOED 3315 ENERGIN BUND. VALRICO FL 33594 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 (NOTE, Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be . Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change HILE Delete TITLE Addition RAMIRO, SOUTO Netter RILITARIS NAME NAME 2614 FREELAND DRIVE ZONG CIPCLE STREET ADDRESS 6368 STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY - ST - ZIP PORT CHARLOTTE, FL 33451 TITLE ☐ Change ☐ Addition TITLE ☐ Delete DENYES, LARRY NAME NAME 419 63RD ST NW STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP me== TITLE Change Addition 🗔 Delete MORALES, EMILIO NAME : NAME 9138 16TH AVE CIR NW STREET ADDRESS STREET ADDRESS CITY - ST - ZIP **BRADENTON FL 34209** CITY-ST-7IP PRETIDENT Change Change Addition ☐ Delete TITLE TITLE HOLLOWAY, SCOTT NAME NAME STREET ADDRESS 5006 34TH AVE E STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered to W. DENE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR