

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736959

1. Entity Name

ANNA MARIA ISLAND PRIVATEERS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90150 026 ****70.00

Principal Place of Business

Mailing Address

2703 17TH AVE WEST
BRADENTON FL 34205
US

2703 17TH AVE WEST
BRADENTON FL 34205-3803
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

59-1718904

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

WEYMAN, STANLEY
2703 17TH AVE WEST
BRADENTON FL 34205

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	☐ Delete
NAME	MADDOX, RICK	
STREET ADDRESS	4515 124TH ST CT WEST	
CITY-ST-ZIP	CORTEZ FL 34215	
TITLE	TD	☐ Delete
NAME	WEYMAN, STANLEY	
STREET ADDRESS	2703 17TH AVE W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	SD	☐ Delete
NAME	WITTON, BRUCE	
STREET ADDRESS	508 HILLCREST DRIVE N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	☐ Delete
NAME	STEWART, MITCH	
STREET ADDRESS	217 46TH ST W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	☐ Delete
NAME	PETER, CALCATERA	
STREET ADDRESS	100 61ST ST. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	☐ Delete
NAME	STOKES, WILL	
STREET ADDRESS	2506 NIGHTINGALE LN	
CITY-ST-ZIP	BRADENTON FL 34209	

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

Stanley Weyman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-00

94-74-7778

CR2E037 (9/99)