

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739089

1. Entity Name

THE MANATEE CHAPTER OF THE IZAAK WALTON LEAGUE O ✓

Principal Place of Business

211 CHAUNCEY AVENUE, E  
BRADENTON FL 34208  
US

Mailing Address

PO BOX 10382  
BRADENTON FL 34282  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 2249

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip

34208

Country

MANATEE

4. FEI Number

59-1767030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEELER, CARL R.  
211 CHAUNCEY AVE. E  
BRADENTON FL 34282-0382

7. Name and Address of New Registered Agent

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  
After September 13, 2000 min. will be \$236.25

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

TITLE VD  
NAME HIRE, ROBERT L.  
STREET ADDRESS 3729 COUNTRYSIDE ROAD  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE PD  
NAME KEELER, CARL R.  
STREET ADDRESS 211 CHAUNCEY AVENUE, E  
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE SD  
NAME BEGGY, CORINNE  
STREET ADDRESS 608 65TH AVE DR WEST  
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE TD  
NAME BANKS, BETTY JANE  
STREET ADDRESS 4227 129TH ST.  
CITY-ST-ZIP CORTEZ FL ☐ Delete

TITLE D  
NAME GOULD, AVERY  
STREET ADDRESS 9907 SPOONBILL RD. E  
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:

SCOTT B. KEELER R. KEELER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 21, 2000 8:00 am  
Secretary of State

07-21-2000 90151 028 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)