

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 743004**

1. Entity Name

THE MANATEE COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business

5840 26TH ST. W
PO BOX 1849
BRADENTON FL 34207

Mailing Address

P O BOX 1849
PO BOX 1849
BRADENTON FL 34206
US

2. Principal Place of Business

5840 26th St. W.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1849

Suite, Apt. #, etc.

City & State

BRADENTON

Zip

FL

Country

34207

City & State

BRADENTON

Zip

FL

Country

34206

4. FEI Number

59-1843274

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

PORGES, GREGORY J.
1205 MANATEE AVE., W.
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

TITLE VD ☐ Delete
NAME HARNER, STEPHEN
STREET ADDRESS 615 VALENCIA RD
CITY-ST-ZIP VENICE FL 34285TITLE TD ☐ Delete
NAME NARVAEZ, CHRISTOPHER
STREET ADDRESS 5840 26TH ST W
CITY-ST-ZIP BRADENTON FL 34207TITLE D ☐ Delete
NAME TAYLOR, THOMAS J
STREET ADDRESS 7000 TAMiami TR S
CITY-ST-ZIP VENICE FL 34293TITLE PD ☐ Delete
NAME HOFFNER, DALE
STREET ADDRESS 1301 6TH AVE W, #600
CITY-ST-ZIP BRADENTON FL 34205TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Lowery, Margaret
STREET ADDRESS 5840 26th St. W.
CITY-ST-ZIP Bradenton, FL 34207TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90024 047 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)