

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91597 046 \*\*\*\*61.25

**DOCUMENT # 754400**

1. Entity Name

**THANKSGIVING CELEBRATION, INC.**

Principal Place of Business

Mailing Address

3023 PROCTOR ROAD  
 C/O CARLOS RAMIREZ  
 SARASOTA FL 34231  
 US

PO BOX 18351  
 C/O CARLOS RAMIREZ  
 SARASOTA FL 34276  
 US

51976



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1055 Fox Creek Dr.

1055-Fox Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Sarasota FL

4. FEI Number

59-2372678

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

STEELE, DONALD R.  
 3023 PROCTOR ROAD  
 SARASOTA FL 34232

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	<input type="checkbox"/> Delete
NAME	SCHROEDER, JOSEPH	
STREET ADDRESS	1401 14TH AVE W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERESFORD, GARY	
STREET ADDRESS	11828 HOLLYHOCK DRIVE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEGEMANN, BOB	
STREET ADDRESS	1721 NELDA LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMIREZ, CARLOS	
STREET ADDRESS	3023 PROCTOR ROAD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nick Manassa "D"	
STREET ADDRESS	1820 53rd Ave W	
CITY-ST-ZIP	Bradenton FL 34207	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Johnson "D"	
STREET ADDRESS	2492 Deer Crossing CT	
CITY-ST-ZIP	Sarasota FL 34240	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AI Yushko "D"	
STREET ADDRESS	1014 Pelican Court	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reuben Boachy "T"	
STREET ADDRESS	1055 Fox Creek Dr.	
CITY-ST-ZIP	Sarasota FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-02 (941) 379-339

Date

Daytime Phone #

CR2E037 (9/01)