

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 754479**

1. Entity Name

MANASOTA ROCK AND GEM CLUB, INC.

Principal Place of Business

Mailing Address

**% THOMAS R LADD
2216 WELLESLEY DRIVE NORTH
BRADENTON FL 34207****% THOMAS R LADD
2216 WELLESLEY DRIVE NORTH
BRADENTON FL 34207**

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

59-2036545

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

**LADD, THOMAS R
2216 WELLESLEY DRIVE NORTH
BRADENTON FL 34207**

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 \$61.259. 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 **V** ☐ Delete
NAME **GENTRY, DOLORES**
STREET ADDRESS **2214 FLOYD STRET**
CITY-ST-ZIP **SARASOTA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **LADD, HELEN**
STREET ADDRESS **2216 WELLESLEY DR. N.**
CITY-ST-ZIP **BRADENTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RIDENOUR, WALES**
STREET ADDRESS **4159 CENTER GATE BLVD**
CITY-ST-ZIP **SARASOTA FL 34233**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KEYSER, MARVIN**
STREET ADDRESS **3229 VINOY PLACE**
CITY-ST-ZIP **SARASOTA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☒ Delete
NAME **KEYSER, MARILYN**
STREET ADDRESS **3229 VINOY PLACE**
CITY-ST-ZIP **SARASOTA FL**TITLE ☒ Change ☐ Addition
NAME **Sec. Joanne Sheperd**
STREET ADDRESS **P. O Box 14072**
CITY-ST-ZIP **Bradenton, FL 34280**TITLE **P** ☐ Delete
NAME **LADD, THOMAS R.**
STREET ADDRESS **2216 WELLESLEY DR N**
CITY-ST-ZIP **BRADENTON FL**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:

Thomas R. Ladd, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-1-02**
Date**941 755 6428**
Daytime Phone #**FILED**
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90732 049 ****61.25

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DO NOT WRITE IN THIS SPACE

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