

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

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

0060682

**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

DUU01040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2036545**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.25**

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 **V**  Delete  
 NAME **GENTRY, DOLORES**  
 STREET ADDRESS **2214 FLOYD STRET**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **T**  Delete  
 NAME **LADD, HELEN**  
 STREET ADDRESS **2216 WELLESLEY DR. N.**  
 CITY-ST-ZIP **BRADENTON FL**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **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-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **KEYSER, MARVIN**  
 STREET ADDRESS **3229 VINOY PLACE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **S**  Delete  
 NAME **KEYSER, MARILYN**  
 STREET ADDRESS **3229 VINOY PLACE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **Sec. Joanne Sheperd**  Change  Addition  
 NAME **P. o Box 14072**  
 STREET ADDRESS **Bradenton, FL 34280**  
 CITY-ST-ZIP \_\_\_\_\_

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-02**  
 Date

**941 755 6428**  
 Daytime Phone #

CR2E037 (9/01)