

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761500

1. Entity Name

MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY

Principal Place of Business

12939 PRESTWICK DR
RIVERVIEW FL 33569-7012
US

Mailing Address

12939 PRESTWICK DR
RIVERVIEW FL 33569-7012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-2169764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HAAS, PHILLIPS/E
12939 PRESTWICK DR
RIVERVIEW FL 33569-7012

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
NAME CANIFF, CHARLEY
STREET ADDRESS BOX 1472 (327 TARPON STREET)
CITY-ST-ZIP ANNA MARIA FL 34216-1472 ☐ Delete

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

TITLE VD
NAME BENSMAN, WAYNE
STREET ADDRESS 409 BLACKHAWK CIRCLE
CITY-ST-ZIP SUN CITY CENTER FL 33573-5701 ☐ Delete

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

TITLE VD
NAME MARQUIS, DAVE
STREET ADDRESS 477 CHURCH RD
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

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

TITLE SD
NAME HAAS, PHIL
STREET ADDRESS 12939 PRESTWICK DRIVE
CITY-ST-ZIP RIVERVIEW FL ☐ Delete

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

TITLE TD
NAME REDPATH, NORM
STREET ADDRESS 2362 EMERALD LAKE DR
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

January 13, 2001 813-677-8448

Date

Daytime Phone #

C0010952



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)