

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90032 050 ****61.25

DOCUMENT # 761500

1. Entity Name

**MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY
 FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER**

Principal Place of Business

Mailing Address

**12939 PRESTWICK DR
 RIVERVIEW FL 33569-7012
 US**

**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

4. FEI Number

59-2169764

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	CANIFF, CHARLEY	
STREET ADDRESS	BOX 1472 (327 TARPON STREET)	
CITY-ST-ZIP	ANNA MARIA FL 34216-1472	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENSMAN, WAYNE	
STREET ADDRESS	409 BLACKHAWK CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573-5701	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARQUIS, DAVE	
STREET ADDRESS	477 CHURCH RD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAAS, PHIL	
STREET ADDRESS	12939 PRESTWICK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REDPATH, NORM	
STREET ADDRESS	2362 EMERALD LAKE DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Phillips E Haas
PHILLIPS E HAAS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 9, 2002 813-677-8448

Date

Daytime Phone #

CR2E037 (9/01)