2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State **DOCUMENT # 764366** 1. Entity Name THE MANATEE COUNTY SHERIFF'S OFFICE RESERVE. INC 04-30-2002 90064 016 ****70.00 Principal Place of Business Mailing Address COUNTY COURT HOUSE COUNTY COURT HOUSE **POBOX 1045 POBOX 1045 BRADENTON FL 34206 BRADENTON FL 34206** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0050788 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) KULCHAR JR., ROBERT A. 3427 36TH AVENUE, EAST **BRADENTON FL 34208** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE KULCHAR, ROBERT A JR. NAME NAME 3427 36TH AVENUE, EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP VD ☐ Addition ☐ Delete TITI F Change TITI F TURNER, DAN NAME NAME 5910 WEST 32ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-7IP \mathbf{m} ☐ Change Addition ☐ Delete TITLE TITLE STRAIGHT, EDWARD NAME NAME 2207-AVE B STREET ADDRESS STREET ADDRESS **BRADENTON BCH FL** CITY-ST-ZIP CITY-ST-ZIP SD Change Addition Delete TITLE TITLE Ruersey, Richard WEBB, KEVIN NAME NAME 6109-62 nd Ters East 18355 SR 62 STREET ADDRESS STREET ADDRESS Palmetto FL34221 PARRISH FL 34219 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ¹ TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ad SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR