

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91314 014 ****61.25

DOCUMENT # 769415

1. Entity Name

MANATEE COUNTY SAFETY COUNCIL, INC.

Principal Place of Business

**910 19TH AVE. W
 BRADENTON FL 34205**

Mailing Address

**910 19TH AVE. W
 BRADENTON FL 34205**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2097996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HILL, ROBERT C
 5309 4TH AVE. W.
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

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

TITLE **CP** ☐ Delete
 NAME **KOPER, RON**
 STREET ADDRESS **600 17TH ST W**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **CD** ☐ Delete
 NAME **TERRELL, MIKE**
 STREET ADDRESS **1112 MANATEE AVE W STE 969**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **VPD** ☐ Delete
 NAME **THIGPEN, JAMES**
 STREET ADDRESS **4100 ELDORADO**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **STD** ☐ Delete
 NAME **MCELHINEY, HUGH**
 STREET ADDRESS **1716 63RD AVE. W.**
 CITY-ST-ZIP **BRADENTON FL 34243**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

[Signature]

5-9-01 (94/747-4448)

CR2E037 (10/00)