

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005964

1. Entity Name

MEI OF GEORGIA, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90098 002 \*\*\*150.00

Principal Place of Business

6414 14TH ST. WEST  
BRADENTON FL 34207-5329

Mailing Address

6414 14TH ST. WEST  
BRADENTON FL 34207-5329

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 **58-2086633**

Applied For

Not Applicable

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

CLANCY, ROBERT J  
6414 14TH ST. WEST  
BRADENTON FL 34207-5329

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP HR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATNER, RICHARD G		NAME	MARBE SIMONSON	
STREET ADDRESS	1863 BOUGAINVILLEA ST.		STREET ADDRESS	6414 14TH ST W	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP RISK MGT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONGART, EDWARD L		NAME	JOHN LACY	
STREET ADDRESS	888 BOULEVARD OF ARTS		STREET ADDRESS	6414 14TH ST W	
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, ROBERT J		NAME		
STREET ADDRESS	8218 REGENTS COURT		STREET ADDRESS		
CITY-ST-ZIP	UNIVERSITY PARK FL 34201		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DANIEL J		NAME		
STREET ADDRESS	4128 VIA MIRADA		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, JOEL		NAME		
STREET ADDRESS	6023 26TH ST. WEST #199		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, LINDA		NAME		
STREET ADDRESS	5181 HORSESHOE PLACE NE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

DANIEL J. SULLIVAN

2/18/00

Date

941-755-4634

Daytime Phone #