

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90002 038 \*\*\*550.00

**DOCUMENT # J94123**

1. Entity Name

**MANATEE EAST CORPORATION**

Principal Place of Business

**300 RIVERSIDE DR. EAST  
 1450  
 BRADENTON FL 34208  
 US**

Mailing Address

**P.O. BOX 1158  
 BRADENTON FL 34206  
 US**

2. Principal Place of Business

**6150 STATE ROAD 70**

Suite, Apt. #, etc.

3. Mailing Address

**6150 STATE ROAD 70**

Suite, Apt. #, etc.

City & State

**BRADENTON FL**

Zip  
**34203**

Country

**USA**

City & State

**BRADENTON FL**

Zip

**34203**

Country

**USA**

4. FEI Number

**65-0074201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CROGHAN, BERNARD M.  
 300 RIVERSIDE DR. EAST  
 STE. 1450  
 BRADENTON FL 34208**

**NEW  
 ADDRESS →**

7. Name and Address of New Registered Agent

Name

**BERNARD CROGHAN**

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

**6150 STATE ROAD 70**

City

**BRADENTON**

**FL**

Zip Code

**34203**

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

*Bernard M Croghan*

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CROGHAN, BERNARD	
STREET ADDRESS	300 RIVERSIDE DR. E., STE. 1450	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROGHAN, BERNARD	
STREET ADDRESS	6150 STATE ROAD 70	
CITY-ST-ZIP	BRADENTON FL 34203	
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		
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		

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:

*Bernard M Croghan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/14/01 941-747-0445**

Date

Daytime Phone #

CR2E034 (10/00)