

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007159

1. Entity Name

SARASOTA-MANATEE ANTIQUE BOTTLE COLLECTORS, INC.

Principal Place of Business

1800 2ND ST., STE 971  
SARASOTA FL 34236

Mailing Address

PO BOX 18928  
SARASOTA FL 34276

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

APPLIED FOR

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOGINNESS, W. LEE  
1800 SECOND STREET, SUITE 971  
SARASOTA FL 34236

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 PD  
NAME HERROLD, G. EDWIN  
STREET ADDRESS P.O. BOX 18928  
CITY-ST-ZIP SARASOTA FL 34276 ☐ Delete

TITLE VD  
NAME CLIFFORD, JOHN  
STREET ADDRESS 5378 COLONY MEADOWS  
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE TD  
NAME KREISLE, MECKY  
STREET ADDRESS 7947 N. TAMiami TR.  
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE SD  
NAME HERROLD, JUANNE B  
STREET ADDRESS 2800 YORKTOWN ST.  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE D  
NAME BAITHER, ROY  
STREET ADDRESS 1205 40TH ST. W.  
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/02

Date

Daytime Phone #

(941)  
923-6550

CR2E037 (9/01)