

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90428 032 ****61.25

DOCUMENT # N00000007851

1. Entity Name

MANATEE ANIMAL DISASTER PREPAREDNESS COALITION, INC.

Principal Place of Business

C/O ED MCADAM
 3303 RYE ROAD
 PARRISH FL 34219

Mailing Address

C/O ED MCADAM
 3303 RYE ROAD
 PARRISH FL 34219

2. Principal Place of Business

995 North Haben Blvd
 Suite, Apt. #, etc.
 Palmetto FL
 City & State

3. Mailing Address

995 - North Haben Blvd
 Suite, Apt. #, etc.
 Palmetto, FL
 City & State



DO NOT WRITE IN THIS SPACE

Zip

34222

Country

Manatee

Zip

34222

Country

Manatee

4. FEI Number 65-1080715

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MUNY, SAMUEL S
 1111 THIRD AVENUE WEST
 SUITE 300
 BRADENTON FL 34208

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	PO	<input type="checkbox"/> Delete
NAME	MCADAM, ED	
STREET ADDRESS	3303 RYE RD	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHANNON, VICKI	
STREET ADDRESS	7907 17TH AVE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JUDAH, GAIL	
STREET ADDRESS	4220 61 ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME	MANNING, JEAN	
STREET ADDRESS	7004 9TH AVE DR NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

JEAN MANNING
 JEAN MANNING, TREASURER

1-26-02

Date

Daytime Phone #

CR2007 (9/01)