

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01946

1. Entity Name

MANASOTA DISTRICT COUNCIL, ST. VINCENT DE PAUL S

Principal Place of Business

**512 S ORANGE AVE
SARASOTA FL 34236
US**

Mailing Address

**6321 16TH AVE DRIVE WEST
BRADENTON FL 34209-4532
US**

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

59-2378750

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

**MAGRATH, SOPHIE
6321 16TH AVE DRIVE WEST
BRADENTON FL 34209**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGRATH, SOPHIE 6321 16TH AVE DRIVE WEST BRADENTON FL 34209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERVAIS, DARWIN 7305 S SERENOA DRIVE SARASOTA FL 34241	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCOY, VIRGINIA 317 SPRINGDALE DRIVE BRADENTON FL 34210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEA, FRANK 64 HARBOR OAKS DR SARASOTA FL 34232	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

FRANK SHEA **FRANK SHEA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2000

Date

941-371-2661

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90066 003 ****61.25