

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04909

1. Entity Name

MANAGERIAL ASSOCIATION OF EMERGENCY SERVICES, IN

(R)

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90014 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6750 BEE RIDGE ROAD  
POST OFFICE BOX 168  
SARASOTA FL 34241  
US

6750 BEE RIDGE ROAD  
SARASOTA FL 34241-5749  
US

2. Principal Place of Business

3. Mailing Address

6001 Marina Drive

6001 Marina Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

City & State

Holmes Beach, FL

Zip

34217

Country

Zip

34217

Country

4. FEI Number

59-2377594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIGGALL, VERNE E  
6750 BEE RIDGE ROAD  
SARASOTA FL 34241

Name W. Brett Pollock

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

6001 Marina Drive

City

Holmes Beach

FL

Zip Code  
34217

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

W. Brett Pollock

sec/Treas.

W. Brett Pollock

6/14/00

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	<input type="checkbox"/> Delete
PD	SOUDERS, MARK	1010 9TH AVENUE W	BRADENTON FL 34205	<input type="checkbox"/>
DST	RIGGALL, VERNE E	6750 BEE RIDGE RD	SARASOTA FL 34241	<input checked="" type="checkbox"/>
DVP	GUCLAIR, MICHAEL	3001 NORTH PORT BLVD	NORTH PORT FL 34286	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S/T	W. Brett Pollock	6001 Marina Drive	Holmes Beach, FL 34217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/V/P	Kenneth A. Price	6001 Marina Drive	Holmes Beach, FL 34217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

W. Brett Pollock

6/14/00

941-741-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)