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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 07, 2001 8:00 am **DOCUMENT # N08431** Secretary of State 02-07-2001 90165 042 \*\*\*\*61.25 THE MANATEE PLAYERS, INC. Principal Place of Business Mailing Address 102 OLD MAIN ST. 102 OLD MAIN ST. **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1196043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 70HN W. CURRIE Street Address (P.O. Box Number is Not Acceptable) THOMAS, LINDA 1704 54TH CT., W. ST. CHARLES DRIVE **BRADENTON FL 34209** 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 (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESIDENT TITLE Delete TITLE Change Addition JOHN W. CURRIE THOMAS, LINDA NAME NAME 4218 ST. CHARLES DRIVE STREET ADDRESS 1704 54TH ST., CT., W. STREET ADDRESS SARARITA, FL CITY-ST-ZIP City-St-7IP **BRADENTON FL** PRESIDENT VICE Delete ☐ Change TITLE TITLE ■ Addition 674 STREET COVET-EAST **CURRIE, JOHN W** RICHARD U NAME NAME 35 ilo STREET ADDRESS 4218 ST CHARLES DR STREET ADDRESS 3420B CITY-ST-ZIP CITY-ST-ZIP BRADOUTON, FL SARASOTA FL SEERETARY Addition TITLE Delete TITLE · Change LESUE GARDIER MAXWELL, DEE DEE NAME NAME 8443 Cypress Nation Drive 1103 MALLORCA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP SARASCITA maraging pina. ☐] Change ET Addition TITLE ☐ Delete TITLE SAD ANE, NORTH STREET ADDRESS STREET ADDRESS 2200 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

HONAY HEAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/01

(941)748-011

Daytime Phone #