

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90023 002 ****70.00

DOCUMENT # N11387

1. Entity Name

MANA-SOTA LIGHTHOUSE FOR THE BLIND, INC.

Principal Place of Business

**7318 N. TAMiami TRAIL
 SARASOTA FL 34243-8401**

Mailing Address

**7318 N. TAMiami TRAIL
 SARASOTA FL 34243
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2591136

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FELSKI, JANICE
 7318 N TAMiami TRIAL
 SARASOTA FL 34243**

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **CARROLL, M F**
 CITY-ST-ZIP **4719 HARVEST BEND
 SARASOTA FL 34235**

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

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **NICHOLAS, DAVID**
 CITY-ST-ZIP **3635 COUNTRY PLACE
 SARASOTA FL 34233**

TITLE ☐ Change ☒ Addition
 NAME **DAVID CRUIKSHANK**
 STREET ADDRESS **POB 9729**
 CITY-ST-ZIP **BRADENTON, FL 34206**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HENDRY, BETTY**
 CITY-ST-ZIP **770 SOUTH PALM AVENUE, #1101
 SARASOTA FL 34236**

TITLE ☒ Change ☐ Addition
 NAME **S/T**
 STREET ADDRESS **BETTY HENDRY**
 CITY-ST-ZIP **770 SOUTH PALM AVE #1101
 SARASOTA, FL 34236**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **HOBSON, MICHAEL R**
 CITY-ST-ZIP **POB 37538
 SARASOTA FL**

TITLE ☐ Change ☒ Addition
 NAME **TOM MURPHY**
 STREET ADDRESS **4534 LA JOLLA DRIVE**
 CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SPURGE, A**
 CITY-ST-ZIP **770 S PALM AVE
 SARASOTA FL 34236**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RUTKOWSKY, W**
 CITY-ST-ZIP **5005 MANATEE AVE WEST
 BRADENTON FL 34209**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)