

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11387

1. Entity Name

MANA-SOTA LIGHTHOUSE FOR THE BLIND, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90013 039 ****70.00

Principal Place of Business

Mailing Address

7318 N. TAMiami TRAIL
SARASOTA FL 34243-8401

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

Zip

Country

Zip

Country

4. FEI Number

59-2591136

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, M F	
STREET ADDRESS	4719 HARVEST BEND	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRUIKSHANK, DAVID	
STREET ADDRESS	POB 9729	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENDRY, BETTY	
STREET ADDRESS	770 SOUTH PALM AVENUE, #1101	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURPHY, TOM	
STREET ADDRESS	4534 LAJOLLA DR	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPURGE, A	
STREET ADDRESS	770 S PALM AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTKOWSKY, W	
STREET ADDRESS	5005 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CruiKShank, David	
STREET ADDRESS	POB 9729	
CITY-ST-ZIP	Bradenton, FL 34206	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	nan Rueckert	
STREET ADDRESS	4709 Highland Montrose Dr. Highland Lakes	
CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	murphy, Tom	
STREET ADDRESS	4534 LAJOLLA Dr	
CITY-ST-ZIP	Bradenton, FL 34210	
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:

JANICE T. FELSKI, EXEC. DIRECTOR
1/4/02 Date 201 252-1344 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)