

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14240

1. Entity Name

MANATEE COUNTY FIRE COMMISSIONERS' ASSOCIATION,

Principal Place of Business

Mailing Address

C/O RICHARD B. FULWIDER ASSOC.
5200 26 ST. W.
BRADENTON FL 34207

C/O RICHARD B. FULWIDER ASSOC.
5200 26 ST. W.
BRADENTON FL 34207-2204

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

65-0033411

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

FULWIDER, RICHARD B.
5200 26TH ST. W.
BRADENTON FL 33507

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 PD
NAME DAVIS, JESSE LINN
STREET ADDRESS 4112 14TH AVE W
CITY-ST-ZIP BRADENTON FL ☐ Delete

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

TITLE VD
NAME LAWSON, GARY
STREET ADDRESS 13514 2ND AVE E
CITY-ST-ZIP BRADENTON FL 34202 ☒ Delete

TITLE VD
NAME BRAD J RANNOY
STREET ADDRESS 3467 28th ST E
CITY-ST-ZIP BRADENTON FL 34208 ☒ Change ☐ Addition

TITLE STD
NAME ROBERT J WORKMAN
STREET ADDRESS 2915 BAYSHORE GDNS PKWY
CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Robert J Workman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90058 049 ****70.00



DO NOT WRITE IN THIS SPACE