

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90165 032 *****70.00

DOCUMENT # N14240

1. Entity Name

MANATEE COUNTY FIRE COMMISSIONERS' ASSOCIATION,

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

6001 MARINA DR.

3. Mailing Address

6001 MARINA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

HOLMES BEACH, FL

Zip

34217

Country

USA

Zip

34217

Country

USA

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

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

7. Name and Address of New Registered Agent

Name: JESSE LINN DAVIS
Street Address (P.O. Box Number is Not Acceptable):
6001 MARINA DR.
HOLMES BEACH, FL
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

JESSE LINN DAVIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.22.01

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

TITLE	PD	DAVIS, JESSE LINN	<input checked="" type="checkbox"/>
NAME			
STREET ADDRESS		4112 14TH AVE W	
CITY-ST-ZIP		BRADENTON FL	
TITLE	VD	RANNEY, BRAD J	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3407 28TH ST E	
CITY-ST-ZIP		BRADENTON FL 34202	
TITLE	STD	ROBERT J. WORKMAN	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2915 BAYSHORE GDNS PKWY	
CITY-ST-ZIP		BRADENTON FL 34207	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	DAVIS, JESSE LINN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		5809 3RD AV. W.	
CITY-ST-ZIP		BRADENTON, FL 34209	
TITLE	VD	RANNEY, BRAD J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3407 28TH ST. E.	
CITY-ST-ZIP		BRADENTON FL. 34208	
TITLE	STD	JAMES D. BON ANI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		514 133RD STREET EAST	
CITY-ST-ZIP		BRADENTON, FL 34202	
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			
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:

JAMES D. BON ANI

1-22-01

(941) 741-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)