2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N14416** Feb 07, 2000 8:00 am **Secretary of State** MANATEE WILDCATS FOOTBALL, INC. 02-07-2000 90030 011 ****61.25 Mailing Address Principal Place of Business 1906D 59TH STREET 1906D 59TH STREET BRADENTON FL 34209-4639 BRADENTON FL 34209-4662 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2681771 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TOMEO, CHARLES 1906D 59TH ST WEST **BRADENTON FL 34209** Zip Code FI 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) . FILE NOW! Make Check Payable to. 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FBE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TReasurer Addition TITLE ☐ Delete NAME TOMEO, DR. CHARLES Debbi Hanna 1906 D 597 Stw STREET ADDRESS STREET ADDRESS 1906D 59TH ST WEST CITY-ST-7IP CITY-ST-ZIE <u>Bradenton Fl</u> BRADENTON FL 34209 Secreto:4 Change ☐ Addition Delete TITLE TITLE STO NAME NAME GRAHAM, DIANE DIAME GRAHAM STREET ADDRESS STREET ADDRESS 1906D-59TH ST WEST ---19050 59nstw CITY-ST-ZIP CITY-ST-ZIP Billisenton FU 34209 BRADENTON FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Brown, Stan STREET ADDRESS STREET ADDRESS 1906D 59TH WEST CITY-ST-ZIP CITY-ST-ZIP Bradenton Fl ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 engagemental 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 of the all address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

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