

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14651

1. Entity Name

MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90129 001 ***122.50

Principal Place of Business

Mailing Address

4808 26TH STREET WEST
2722 MANATEE AVENUE WEST
BRADENTON FL 34207
US

POST OFFICE BOX 14113
2722 MANATEE AVENUE WEST
BRADENTON FL 34280-4113
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2730075

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COBBE, FRASER
4808 26TH ST W.
BRADENTON FL 34207

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 ☐ Delete
NAME SOLER, SUSAN
STREET ADDRESS 2416 LANDINGS CIRCLE NW
CITY-ST-ZIP BRADENTON FL 34209

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

TITLE D ☐ Delete
NAME MOSCOSO, BLANCA
STREET ADDRESS 2741 PALMA SOLA BLVD
CITY-ST-ZIP BRADENTON FL 34209

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

TITLE S ☐ Delete
NAME WEINTRAUB, LYNNE
STREET ADDRESS 6915 RIVERVIEW BLVD
CITY-ST-ZIP BRADENTON FL 34209

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

TITLE T ☒ Delete
NAME THOMAS, SUZANNE
STREET ADDRESS 210 PEACOCK LANE
CITY-ST-ZIP HOLMES BEACH FL

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

TITLE D ☒ Delete
NAME SCOTT, LISA
STREET ADDRESS 14 TIDY ISLAND BLVD.
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Change ☐ Addition
NAME Germaine Hunein
STREET ADDRESS 1809 91st NW
CITY-ST-ZIP Bradenton FL 34209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X SIGNATURE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)