

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22308

1. Entity Name

A TASTE OF MANATEE COUNTY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90104 028 ****61.25

Principal Place of Business

Mailing Address

5917 MANATEE AVE W
 BRADENTON FL 34209
 US

5917 MANATEE AVE W
 BRADENTON FL 34209-2407
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 48th St W

Suite, Apt. #, etc.

3. Mailing Address

P.O. 9861

Suite, Apt. #, etc.

City & State
 Palmetto FL

City & State
 Bradenton FL

4. FEI Number
 59-2842902

Applied For
 Not Applicable

Zip
 34221

Country
 Manatee

Zip
 34206

Country
 Manatee

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

GAULT, LINDA
 7406 13 AVE W
 BRADENTON FL 34209

Name
 Frederic Coffey

Street Address (P.O. Box Number is Not Acceptable)
 320 48th St W

City
 Palmetto FL Zip Code
 34221

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]

Frederic Coffey VP

1-28-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAULT, LINDA 7406 13 AVE W BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COFFEY, FREDERICK 320 48TH W PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLO, TONY 1502 5TH ST W PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Linda Gault	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Frederic Coffey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tony Gallo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000
 Date

941-722-7966
 Daytime Phone #