

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90010 011 ****61.25

0014094

DOCUMENT # N22308

1. Entity Name

A TASTE OF MANATEE COUNTY, INC.

Principal Place of Business

320- 48TH ST W.
 PALMETTO FL 34221
 US

Mailing Address

P O BOX 9868
 BRADENTON FL 34206
 US

UUU6374U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4904 W. Country Club Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

4. FEI Number

59-2842902

Applied For

Not Applicable

Zip

34243

Country

USA

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

COFFEY, FREDRICK
~~320-48TH ST W.~~
~~PALMETTO FL 34221~~

4904 W. Country Club Dr.
 Sarasota FL 34243

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
After September 12, 2001, min. will be \$236.25

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 Delete
 NAME VD
 STREET ADDRESS GAULT, LINDA
 CITY-ST-ZIP 7406 13 AVE W
 BRADENTON FL 34209

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VTD
 STREET ADDRESS COFFEY, FREDERICK
 CITY-ST-ZIP 320-48TH-W
 PALMETTO FL 34221

TITLE Change Addition
 NAME
 STREET ADDRESS 4904 W. Country Club Dr.
 CITY-ST-ZIP Sarasota FL 34243

TITLE Delete
 NAME PD
 STREET ADDRESS GALLO, TONY
 CITY-ST-ZIP 1502 5TH ST W
 PALMETTO FL 34221

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature REQUIRED

Fredrick Coffey

9/11/01

941-355-0278

CR2E037 (5/01)