DOCU	MENT # N22308			وست					
. Entity Name	• Of Manatee County, in(C.		·		FILE	D		
				·	0;	2 DEC 13 1	PM 2 - Ec		
Principal Place	e of Business	Mailing Address							
1904 W COUNTRY CLUB DR SARASOTA FL 34243 US		P O BOX 9868 Bradenton FL 34206 US			SECRETALY OF STATE TALLAHASSEE, FLC1				
2. Principal Pl	lace of Business	3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number				
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Add Fee Require		
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Regist	ered Agent		
-		•	Name						
_COFFEY, F	FREDRICK					(P.O. Box Number is Not Acceptable)			
	OUNTRY CLUB DR			SE T	ALL ALES	IENT (10		
SARASOTA	A FL 34243		City			COPPE,	FL Zip Coc	e L & S	
	named entity submits this statement for	or the purpose of changir	ng its registered office	e or registe	red agent, or both, in t	he State of Florida.	I am familiar with,	and accept	
the obligat	Signature, types or printed name of registered agent	Algoratie if applicable. 9. Election	(NOTE: Registered Agent sin	gnature require	d when reinstating) \$5.00 May Be	/ Make C	Check Payable	to	
the obligat	tions of registered agent.	Algoratie if applicable. 9. Election	(NOTE: Registered Agent si	gnature required	\$5.00 May Be Added to Fees	Make C Depa	Check Payable	to e	
the obligat	Signature, typed or printed name of registered agent After September 13, 2002, min. will be \$236.25. OFFICERS AND D	9. Election Trust F	(NOTE: Registered Agent signs n Campaign Financin und Contribution.	gnature required	d when reinstating) \$5.00 May Be	Make C Depa	Check Payable rtment of State	to e	
the obligat SIGNATURE 10.	Signature, type or printed name of registered agent After September 13, 2002, min. will be \$236.25. OFFICERS AND D	9. Election	(NOTE: Registered Agent signs of the Campaign Financin and Contribution. 11. 111.	gnature required	\$5.00 May Be Added to Fees	Make C Depa	Check Payable	to e	
the obligat SIGNATURE 10. TITLE NAME	Signature, type or printed name of registered agent After September 13, 2002, min. will be \$236.25. OFFICERS AND D VD GAULT, LINDA	9. Election Trust F	(NOTE: Registered Agent signs n Campaign Financin und Contribution.	gnature require	\$5.00 May Be Added to Fees	Make C Depa	Check Payable rtment of State	to e	
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STREET ADDRESS

CITY-ST-ZIP

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.