

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90177 003 ****70.00

DOCUMENT # N25994

1. Entity Name

AIDS-MANASOTA, INC.

Principal Place of Business

Mailing Address

**2080 RINGLING BLVD., SUITE #302
SARASOTA FL 34237**

**2080 RINGLING BLVD., SUITE #302
SARASOTA FL 34237-7030**

00004848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2080 Ringling Blvd
Suite, Apt. #, etc.
Suite 103**

3. Mailing Address

**2080 Ringling Blvd
Suite, Apt. #, etc.
Suite 103**

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-0044473

Applied For

Not Applicable

Zip

34237

Country

Sarasota

Zip

34237

Country

Sarasota

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOOVER, EDWIN
3904 MAVERICK AVE
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOOVER, E II	
STREET ADDRESS	3904 MAVERICK AVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVERAUX, WILLIAM	
STREET ADDRESS	4312 MIDLAND RD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLTON, WEYLIN	
STREET ADDRESS	760 MISSOURI RD	
CITY-ST-ZIP	VENICE FL 33293	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERGI-LAWS, DEBBIE	
STREET ADDRESS	2418 ICE CAPE DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	POST, JEFFREY	
STREET ADDRESS	3326 7TH ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	URBAN, VICTORIA B DR	
STREET ADDRESS	4581 DEL SOL BLVD S	
CITY-ST-ZIP	SARASOTA FL 34243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Tignor
STREET ADDRESS	2402 Aspinwall Street
CITY-ST-ZIP	Sarasota, Fla. 34237
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victor Hodges
STREET ADDRESS	1247 Royal Road
CITY-ST-ZIP	Venice, Florida 34293

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:

Edwin Hoover II *Edwin Hoover II* 1/17/2000 941-954-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)