

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90038 031 *****70.00

0075606

DOCUMENT # N25994

1. Entity Name

AIDS-MANASOTA, INC.

Principal Place of Business

2080 RINGLING BLVD
SUITE 103
SARASOTA FL 34237

Mailing Address

2080 RINGLING BLVD
SUITE 103
SARASOTA FL 34237

2. Principal Place of Business

1844 17th Street

Suite, Apt. #, etc.

3. Mailing Address

1844 17th Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-0044473

Applied For

Not Applicable

Zip

34234

Country

Sarasota

Zip

34234

Country

Sarasota

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOPER, EDWIN
3904 MAVERICK AVE
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

Les Leighton

Street Address (P.O. Box Number is Not Acceptable)

1844 17th Street

City

Sarasota

FL

Zip Code

34234

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.

Les Leighton, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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 checked="" type="checkbox"/> Delete
NAME	HOOPER, E II	
STREET ADDRESS	3904 MAVERICK AVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIGNOR, DAVID	
STREET ADDRESS	2402 ASPINWALL ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARLTON, WEYLIN	
STREET ADDRESS	760 MISSOURI RD	
CITY-ST-ZIP	VENICE FL 33293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERGI-LAWS, DEBBIE	
STREET ADDRESS	2418 ICE CAPE DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" 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	HODGES, VICTOR	
STREET ADDRESS	1247 ROYAL RD	
CITY-ST-ZIP	VENICE FL 34293	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Les Leighton	
STREET ADDRESS	p. o. box 20891, Sarasota, FL 34276	
CITY-ST-ZIP		
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Allen	
STREET ADDRESS	2215 Alvarado Lane, Sarasota, FL	
CITY-ST-ZIP	34231	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Paquette	
STREET ADDRESS	550-A Ohio Pl, Sarasota, FL	
CITY-ST-ZIP	34236	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Satterwhite	
STREET ADDRESS	1354 MLKing Way, Sarastoa, FL	
CITY-ST-ZIP	34234	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlie Boyd #40	
STREET ADDRESS	3569 Bee Ridge Rd, Sarasota, FL	
CITY-ST-ZIP	34239	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Post	
STREET ADDRESS	2214 Alvarado Lane, Sarasota, FL	
CITY-ST-ZIP	34231	

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:

Les Leighton

4/24/01

941-954-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)