

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0075606

DOCUMENT # N25994

1. Entity Name

AIDS-MANASOTA, INC.

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

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

3. Mailing Address

1844 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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

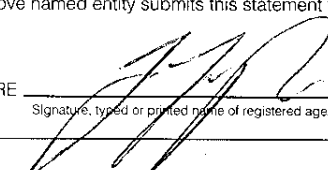
6. Name and Address of Current Registered Agent

~~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  **Les Leighton, President**

Signature, typed or printed name of registered agent and title if applicable.

(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 NAME STREET ADDRESS CITY-ST-ZIP	P HOOPER, E II 3904 MAVERICK AVE SARASOTA FL 34233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIGNOR, DAVID 2402 ASPINWALL ST SARASOTA FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, WEYLIN 760 MISSOURI RD VENICE FL 33293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERGI-LAWS, DEBBIE 2418 ICE CAPE DR SARASOTA FL 34240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POST, JEFFREY 3326 7TH ST SARASOTA FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HODGES, VICTOR 1247 ROYAL RD VENICE FL 34293	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Les Leighton

4/24/01

Date

941-954-6011

Daytime Phone #

CR2E037 (10/00)