

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N25994**

Entity Name

AIDS-MANASOTA, INC.**FILED****Feb 20, 2002 8:00 am**
Secretary of State

02-20-2002 90080 021 ****61.25

Principal Place of Business

**14 17TH STREET
SARASOTA FL 34234**

Mailing Address

**1844 17TH STREET
SARASOTA FL 34234**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0044473

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****LEIGHTON, LES
1844 17TH STREET
SARASOTA FL 34234****7. Name and Address of New Registered Agent**Name **Roginski, Debbie**

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

5306 Foxwood DrCity **Sarasota****FL**Zip Code **34232**

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

2/4/02**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	NAME	LEIGHTON, LES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			P O BOX 20891	
CITY-ST-ZIP			SARASOTA FL 34276	
TITLE	VP	NAME	ALLEN, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2215 ALVARDO LANE	
CITY-ST-ZIP			SARASOTA FL 34231	
TITLE		NAME	PAQUETTE, ANDREW	<input type="checkbox"/> Delete
STREET ADDRESS			550-A OHIO PLACE	
CITY-ST-ZIP			SARASOTA FL 34236	
TITLE	S	NAME	SATTERWHITE, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1354 MLK WAY	
CITY-ST-ZIP			SARASOTA FL 34234	
TITLE	D	NAME	BOYD, CHARLIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			3569 BEE RIDGE RD	
CITY-ST-ZIP			SARASOTA FL 34239	
TITLE	D	NAME	POST, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS			2214 ALVARDO LANE	
CITY-ST-ZIP			SARASOTA FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	Post-Noel, Linda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2214 Alvarado Ln	
CITY-ST-ZIP			Sarasota, FL 34231	
TITLE	VP	NAME	Creech, Greg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2725 Orchid Oaks Dr	
CITY-ST-ZIP			Sarasota, FL 34239	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	NAME	Gardner, Jon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			1844 17th St	
CITY-ST-ZIP			Sarasota, FL 34234	
TITLE	D	NAME	Marinelli-Haff, Robyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2616 Mapleloft Rd	
CITY-ST-ZIP			Sarasota, FL 34232	
TITLE	D	NAME	Gilliland, Marcella	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			946 Pleasant Estates Dr	
CITY-ST-ZIP			Sarasota, FL 34232	

2. 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

Date

Daytime Phone #

2/5/02 941-954-6011

CR2E037 (9/01)