

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

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

DOCUMENT # N25994

Entity Name
AIDS-MANASOTA, INC.

Principal Place of Business Mailing Address
14 17TH STREET 1844 17TH STREET
SARASOTA FL 34234 SARASOTA FL 34234



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 65-0044473		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State				Not Applicable	
Zip	Country	Zip	Country				

6... Name and Address of Current Registered Agent				7... Name and Address of New Registered Agent			
LEIGHTON, LES 1844 17TH STREET SARASOTA FL 34234				Name Roginski, Debbie			
				Street Address (P.O. Box Number is Not Acceptable)			
				5306 Foxwood Dr			
				City 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 DATE **2/4/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CFR2037 (9/01)
NAME	LEIGHTON, LES		NAME	Post-Noel, Linda			
STREET ADDRESS	P O BOX 20891		STREET ADDRESS	2214 Alvarado Ln			
CITY-ST-ZIP	SARASOTA FL 34276		CITY-ST-ZIP	Sarasota, FL 34231			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ALLEN, JAMES		NAME	Creech, Greg			
STREET ADDRESS	2215 ALVARDO LANE		STREET ADDRESS	2725 Orchid Oaks Dr			
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	Sarasota, FL 34239			
TITLE	I	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PAQUETTE, ANDREW		NAME				
STREET ADDRESS	550-A OHIO PLACE		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SATTERWHITE, MICHAEL		NAME	Gardner, Jon			
STREET ADDRESS	1354 MLK WAY		STREET ADDRESS	1844 17th St			
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP	Sarasota, FL 34234			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BOYD, CHARLIE		NAME	Marinelli-Haff, Robyn			
STREET ADDRESS	3569 BEE RIDGE RD		STREET ADDRESS	2616 Mapleloft Rd			
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	Sarasota, FL 34232			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	POST, LINDA		NAME	Gilliland, Marcella			
STREET ADDRESS	2214 ALVARDO LANE		STREET ADDRESS	946 Pleasant Estates Dr			
CITY-ST-ZIP	SARASOTA FL 34231		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: DATE **2/5/02** DAYTIME PHONE # **941-954-6011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR