2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **N26594** 1. Entity Name CITIZEN'S ALLIANCE FOR LEADERSHIP IN MANATEE, IN 03-20-2000 90004 046 ****61.25 Principal Place of Business Mailing Address P O BOX 155 P O BOX 155 BRADENTON FL 34206 BRADENTON FL 34206-0155 Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0051325 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) TALBERT, BRENDA # C&D 421 OLD MAIN ST **BRADENTON FL 34205** 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) 9. Election Campaign Financing Make Check Pavable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NICHOLAS, JOHN NAME STREET ADDRESS STREET ADDRESS 1806 38TH AVE E CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34208** D ☐ Delete TITLE Change ☐ Addition NAME HARLEE, JOHN NAME 1205 MANATEE AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Delete TITLE Change Addition TITLE HILL, ROGER 6215 Eorraine Rd NAME LOMBARDO, BOB NAME STREET ADDRESS STREET ADDRESS P.O. BOX 188 N/A CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL Change TITLE ☐ Addition STD ☐ Delete TALBERT, BRENDA NAME NAME US 301 BIVEE, #CLD STREET ADDRESS STREET ADDRESS 421 OLD MAIN ST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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90