4/10

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
04-10-2001 90056 043 ****61.25

DOCUMENT # N26594

1. Entity Name

CITIZEN'S ALLIANCE FOR LEADERSHIP IN MANATEE, IN

Principal Place of Business	Mailing Address
P O BOX 155 BRADENTON FL 34206	P O BOX 155 BRADENTON FL 34206

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

TALBERT, BRENDA
239 301 BLVD E. #C&D
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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) DATE

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	D	☐ Delete
NAME	NICHOLAS, JOHN	
STREET ADDRESS	1808 38TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	☐ Delete
NAME	HARLEE, JOHN	
STREET ADDRESS	1205 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	STD	☐ Delete
NAME	HILL, ROGER	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	☒ Delete
NAME	TALBERT, BRENDA	
STREET ADDRESS	239 US 301 BLVD E, #C&D	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 REQUIRED JOHN NICHOLAS 4-06-01 941-747-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #