

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30158

1. Entity Name

MANATEE COMMUNITY COUNCIL FOR CHILDREN, INC.

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90342 007 \*\*\*\*61.25

Principal Place of Business

1101 6TH AVE W., SUITE 218  
BRADENTON FL 34205  
US

Mailing Address

MANATEE COMMUNITY COUNCIL FOR CHILDREN  
P O BOX 714  
BRADENTON FL 34206  
US

2. Principal Place of Business

439 Cortez Rd. W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

Zip

Country

34208

US

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACE, PAULETTE R.  
1111 3RD AVENUE WEST, SUITE 360  
BRADENTON FL 34205

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FOSTER, SHAWN  
STREET ADDRESS 1101 6TH AVE. W. SUITE 218  
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE SD ☒ Delete  
NAME PASQUERELLA, GERALDINE  
STREET ADDRESS 101 4TH ST. E.  
CITY-ST-ZIP BRADENTON FL 34208

TITLE SD ☐ Change ☒ Addition  
NAME Toni Garrett  
STREET ADDRESS 439 Cortez Rd. W.  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE TD ☐ Delete  
NAME DUFFY, LOU ANN  
STREET ADDRESS 399 6TH AVE. W.  
CITY-ST-ZIP BRADENTON FL 34205

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Lou Ann Duffy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02  
Date

941-745-5949  
Daytime Phone #

CR2E037 (9/01)