# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 01, 2000 8:00 am**
**Secretary of State**
02-01-2000 90066 011 ****70.00

DOCUMENT # N34481

1. Entity Name

THE FAMILY NETWORK ON DISABILITIES OF MANATEE/SA

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 10707<br>BRADENTON FL 34282 | P.O. BOX 10707<br>BRADENTON FL 34282-0707 |

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 65-0156905 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SMITH, MARY J.<br>5607 61ST STREET EAST<br>BRANDENTON FL 34203 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SMITH, MARY J.<br>5607 61ST STREET EAST<br>BRADENTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Smith, Mary J.<br>5607 61st Street East<br>Bradenton, FL 34203 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HAGER, JUDY<br>5616 61ST STREET EAST<br>BRADENTON FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Campagna, Stena<br>4187 Drakeswood Circle<br>Sarasota, FL 34232 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>MCCCARTHY, BRIAN<br>4966 OLDHAM ST<br>SARSOTA FL 34232 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>McCarthy, Brian<br>4966 Oldham Street<br>Sarasota, FL 34232 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MARSH, NANCY<br>4190 DRAKESWOOD CIR<br>SARASOTA FL 34232 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Marsh, Nancy<br>4190 Drakeswood Circle<br>Sarasota, FL 34232 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Mandatory Required Mary J Smith 1-24-00 941-755-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #