2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34481  1. Entity Name  THE FAMILY NETWORK ON DISABILITIES OF MANATEE/SA							Secretary of State 01-25-2001 90154 023 ****70.00					
Principal Place of Business P.O. BOX 10707 BRADENTON FL 34282		Mailing Address P.O. BOX 10707 BRADENTON FL 34282										
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							O I DYL OTO 15 OLD 11 D			
City & State		City & State				DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For					7	
Zip Country		Zip	ıntry	65				<del></del>	lot Applicable	3		
	6. Name and Address of Current			· · · ·			of Status Desire  Address of New		Fee Require		_	
				Cib	_	J Smi.tin .O. Box Number Oak Ave			nt #916			
SIGNATURE	Signature. type of planted name of registered agent  FILE NOW: FEE IS \$61.25	Mary J Smith	Registered	e Pres	sident	hen reinstating)  May Be	Mi	1 DATE	–11–01  Payable tont of State	 	<u> </u>	
10.	OFFICERS AND DIF	RECTORS	11.		ΑC	DDITIONS/CHA	NGES TO OFFI	CERS AND D	DIRECTORS IN	V 10	┨_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARY J. 5607 61ST STREET EAST BRADENTON FL	☐ Delete		ET ADDRESS	Gary 8413	ident Folz 13th Ave		·	<b>∑</b> Change	☐ Addition	CR2E037 (10/00)	
TITLE NAME Street Address City-St-Zip	TD CAMPAGNA, STENA 4187 DRAKESWOOD DRIVE SARASOTA FL 34232	□ Delete		ET ADDRESS ST-ZIP	Treas Nancy 4190	surer Marsh	od Circl	<b>e</b>	Change	Addition	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
TITLE	MCCCARTHY, BRIAN 4966 OLDHAM ST SARSOTA FL 34232	□ Delete		T ADDRESS	Vice Mary	Presider Smith	_, .	D E. Apt.	₽ Change	Āddition	,	
TITLE Name Street address City-St-ZIP	SD MARSH, NANCY 4190 DRAKESWOOD CIR SARASOTA FL 34232	☐ Delete		T ADORESS	Secre Stena	Campagn	34243 na la nod Drive	)	Change	Addillon		
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	#				34232		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	T ADDRESS			**************************************	1.00	☐ 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: 1-11-00 941-351-2785												
	SIGNATURE AND TYPED OR PE	INTED NAME OF SIGNING OFFICER OF	DIRECTO	R			Date		Daytime Phone #	<del></del> , 0	٢	