

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38951

1. Entity Name

HUMANATEE, INC.

Principal Place of Business

115 RODDENBERRY SINK RD.
CRAWFORDVILLE FL 32327

Mailing Address

P O BOX 52
ST. MARKS FL 32355-0052
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FINCH, CATHY
101 GRAHAM TRAIL
CRAWFORDVILLE FL 32327

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
NAME
STREET ADDRESS
CITY-ST-ZIP
C
LOCKRIDGE, TOM
2202 MISSION RD.
TALLAHASSEE FL 32304

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
FINCH, CATHY
101 GRAHAM TRAIL
CRAWFORDVILLE FL 32327

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KING, CATHY
115 RODDENBERRY SINK RD.
CRAWFORDVILLE FL 32327

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVANS, GRETCHEN
6527 COASTAL HWY.
CRAWFORDVILLE FL 32327

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, TERRI
1137 WAKULLA ARRAN RD
CRAWFORDVILLE FL 32327

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUDDATH, PATTIE
34 MANATEE WAY
CRAWFORDVILLE FL 32327

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90153 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)