

2001 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
US**

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

59-3306582Applied For
☒ Not Applicable5. 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

**FINCH, CATHY
101 GRAHAM TRAIL
CRAWFORDVILLE FL 32327**

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 | CD FINCH, CATHY 101 GRAHAM TRAIL CRAWFORDVILLE FL 32327 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KING, CATHY 115 RODDENBERRY SINK RD. CRAWFORDVILLE FL 32327 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANS, GRETCHEN 6527 COASTAL HWY. CRAWFORDVILLE FL 32327 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, TERRI 1137 WAKULLA ARRAN RD CRAWFORDVILLE FL 32327 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUDDATH, PATTIE 34 MANATEE WAY CRAWFORDVILLE FL 32327 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Cathy C. KingDate **01/10/01**Daytime Phone # **850-926-2718****FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90035 047 ****61.25

00005504

DO NOT WRITE IN THIS SPACE

0084790

CR2E037 (10/00)