

2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3306582

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**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 \$61.259. 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 **CD** ☐ Delete
NAME **FINCH, CATHY**
STREET ADDRESS **101 GRAHAM TRAIL**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**TITLE **T** ☐ Delete
NAME **KING, CATHY**
STREET ADDRESS **115 RODDENBERRY SINK RD.**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**TITLE **D** ☐ Delete
NAME **EVANS, GRETCHEN**
STREET ADDRESS **6527 COASTAL HWY.**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**TITLE **D** ☐ Delete
NAME **JOHNSON, TERRI**
STREET ADDRESS **1137 WAKULLA ARRAN RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**TITLE **D** ☐ Delete
NAME **SUDDATH, PATTIE**
STREET ADDRESS **34 MANATEE WAY**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90116 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)