

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43219

1. Entity Name

THE MANATEE SURVIVAL FOUNDATION, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90368 003 \*\*\*\*61.25

Principal Place of Business

POST OFFICE BOX 50005  
LIGHTHOUSE POINT FL 33074  
US

Mailing Address

P.O BOX 50005  
LIGHTHOUSE POINT FL 33074  
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

65-0274586

Applied For

Not Applicable

5. 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

GRAY, MARY ANNE  
2101 NE 33 STREET  
LIGHTHOUSE POINT FL 33064

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 MARY ANNE GRAY  
Signature, typed or printed name of registered agent and title if applicable.

Mary Anne Gray  
(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

**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 ☐ Delete  
NAME DP  
STREET ADDRESS GRAY, MARY ANNE  
CITY-ST-ZIP 2101 NE 33RD ST.  
LIGHTHOUSE POINT FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SOSNOW, ALLAN D.  
CITY-ST-ZIP 2101 NE 33RD ST.  
LIGHTHOUSE POINT FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHULTZ, KATHY  
CITY-ST-ZIP 3761 N.W. 109TH AVENUE  
CORAL SPRINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 #

CR2E037 (10/00)