

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45420

1. Entity Name

MANATEE COALITION FOR AFFORDABLE HOUSING, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90103 005 ****61.25

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 319 6TH AVE. W. #319 BRADENTON FL 34205 US | 319 6TH AVE. W. #319 BRADENTON FL 34205-8820 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0278132 | Not Applicable |

| | |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |

6. Name and Address of Current Registered Agent

KELLER, CAROLYN G
FIRST FEDERAL OF FLA FLORIDA FIRST BANK
4601 MANATEE AVENUE WEST
BRADENTON FL 34209

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 | VD <input checked="" type="checkbox"/> Delete |
| NAME | ENGLISH, WILLIAM |
| STREET ADDRESS | 1605 MAIN STREET |
| CITY-ST-ZIP | SARASOTA FL 34236 |
| TITLE | PD <input checked="" type="checkbox"/> Delete |
| NAME | SWAN, KEN |
| STREET ADDRESS | 5817 MANATEE AVE WEST |
| CITY-ST-ZIP | BRADENTON FL 34209 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | HARVEY, APRIL |
| STREET ADDRESS | P.O. BOX 2138 |
| CITY-ST-ZIP | SARASOTA FL 34230 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | ATKINS, BRIAN |
| STREET ADDRESS | 1800 2ND STREET 6TH FL |
| CITY-ST-ZIP | SARASOTA FL 34236 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | SWAN, KEN |
| STREET ADDRESS | 5817 MANATEE AVE, W |
| CITY-ST-ZIP | BRADENTON FL 34209 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | SPEARS, TRUDI |
| STREET ADDRESS | P.O. BOX 14940 |
| CITY-ST-ZIP | BRADENTON FL 34208 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHIREY, JAMES |
| STREET ADDRESS | 921 MANATEE AVE W. |
| CITY-ST-ZIP | BRADENTON, FL 34205 |
| TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KELLER, CAROLYN |
| STREET ADDRESS | 4601 MANATEE AVE W. |
| CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOZIER-HARVEY, APRIL |
| STREET ADDRESS | P.O. BOX 2138 |
| CITY-ST-ZIP | SARASOTA, FL 34230 |
| TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEES, MARGARET |
| STREET ADDRESS | 5817 MANATEE AVE W. |
| CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAKER, RUTH |
| STREET ADDRESS | 6001 26th STREET W. |
| CITY-ST-ZIP | BRADENTON, FL 34207 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MUNIZ, HECTOR |
| STREET ADDRESS | 4502 CORTEZ RD.W. |
| CITY-ST-ZIP | BRADENTON, FL 34210 |

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: VONNE BUNDRAGE 1/11/00 (941) 746-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)