

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90023 014 ****70.00

DOCUMENT # N47125

1. Entity Name

PORT MANATEE TENANT'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LAFARGE FLORIDA
 304 NATIONAL ST
 PALMETTO FL 34221
 US

C/O LAFARGE FLORIDA
 304 NATIONAL ST
 PALMETTO FL 34221-6601
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0320981

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, NICHOLAS E. J
304 NATIONAL ST
STE 2900
PALMETTO FL 34221

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **OT** Delete
 NAME **RYAN, NICHOLAS E. JR**
 STREET ADDRESS **304 NATIONAL ST/PT MANATEE**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TEMPLE, MARK**
 STREET ADDRESS **475 N DOCK ST**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **STANSBERRY, DONNA**
 STREET ADDRESS **P.O. BOX 338 NA**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCOTT, ODELL**
 STREET ADDRESS **2114 PINEY POINT RD**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **EDENFIELD, L. EUGENE**
 STREET ADDRESS **13250 EASTERN AVE**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **ERB, PETER**
 STREET ADDRESS **200 SOUTH TERMINAL STREET**
 CITY-ST-ZIP **PALMETTO FL 34221**

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:

Nicholas E. Ryan, Jr
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS E. RYAN, JR

5/31/00 941-722-3480
 Date Daytime Phone #

CR2E037 (9/99)