

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N47125**

1. Entity Name

PORT MANATEE TENANT'S ASSOCIATION, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90366 050 ****70.00

0074662

Principal Place of Business

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

Mailing Address

C/O LAFARGE FLORIDA
304 NATIONAL ST
PALMETTO FL 34221
US**00054901**

DO NOT WRITE IN THIS SPACE

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**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DT	RYAN, NICHOLAS E. JR	304 NATIONAL ST/PT MANATEE	PALMETTO FL	<input type="checkbox"/>
D	TEMPLE, MARK	475 N DOCK ST	PALMETTO FL	<input type="checkbox"/>
SD	STANSBERRY, DONNA	P.O. BOX 338 NA	BRADENTON FL	<input type="checkbox"/>
D	SCOTT, ODELL	2114 PINEY POINT RD	PALMETTO FL 34221	<input type="checkbox"/>
VPD	EDENFIELD, L. EUGENE	13250 EASTERN AVE	PALMETTO FL	<input type="checkbox"/>
PD	ERB, PETER	200 SOUTH TERMINAL STREET	PALMETTO FL 34221	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PD	BRIAN GIULIANI	200 DEL MONTE WAY	PALMETTO, FL 34221	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 REQUIRED

NICHOLAS E. RYAN, JR

4/5/01

941-722-3480

CR2E037 (10/00)