

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47125

1. Entity Name

PORT MANATEE TENANT'S ASSOCIATION, INC.

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

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

65-0320981

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

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 DT ☐ 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 GUILIANI, BRIAN  
STREET ADDRESS 200 DEL MONTER WAY  
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:

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 90182 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4/29/02

770-423-4764