

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51369

1. Entity Name

MANASOTA CFS/CFIDS SUPPORT GROUP, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90085 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4930 WINDSOR PARK  
SARASOTA FL 34235

4930 WINDSOR PARK  
SARASOTA FL 34235-2609

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

65-0369463

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

NELSON, MARION S  
4930 WINDSOR PARK  
SARASOTA FL 34235

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 ☐ Delete  
NAME TD  
STREET ADDRESS NELSON, MARION S.,  
CITY-ST-ZIP 4930 WINDSOR PARK  
SARASOTA FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS BROWN, JOYCE  
CITY-ST-ZIP 7492 ELEANOR CIRCLE  
SARASOTA FL 34243

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS VOLINO, LINDA G  
CITY-ST-ZIP 3117 42ND ST EAST  
BRANDENTON FL 34208

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS MASTRODIANNI, SHEILA  
CITY-ST-ZIP 3223 PINE VALLEY DR  
SARASOTA FL 34239

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS DUBOIS, IRIS  
CITY-ST-ZIP 3926 PHYLLIS AVE  
SARASOTA FL 34231

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS SAL SALORENZO  
CITY-ST-ZIP 1012 BIRD DAY WAY  
VENICE FL 34292

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS LACHAPPELLE, ROSE  
CITY-ST-ZIP 4917 WINTERHAVEN DR  
SARASOTA FL 34231

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS GLORIA WATKINS  
CITY-ST-ZIP 5820 GARDEN LAKES DR  
BRANDENTON FL 34203

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS BEDITS, DONNA  
CITY-ST-ZIP 22083 WOOD HOLLOW LANE  
SARASOTA FL 34235

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS MINDY HELLMAN  
CITY-ST-ZIP 8301 SHADOW PINE WAY  
SARASOTA FL 34238

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: MARION S. NELSON 4/17/00 941-371-6944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)