## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000003803 Apr 29, 2000 8:00 am Secretary of State 1. Entity Name MANATEE CATHOLIC SCHOOL FOUNDATION, INC. 04-29-2000 90002 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 1023 MANATEE AVE. WEST 1023 MANATEE AVE. WEST **BRADENTON FL 34205** BRADENTON FL 34205-7816 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0461075 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GALVANO, WILLIAM S 1023 MANATEE AVE. W **BRADENTON FL 34205** Zip Code City Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE FERNANDEZ, ENRIQUE J NAME NAME STREET ADDRESS STREET ADDRESS 2902 59TH STREET W, SUITE A CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** SD ☐ Delete TITLE Change Addition TITLE NAME GALVANO, WILLIAM S NAME STREET ADDRESS STREET ADDRESS 1023 MANATEE AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 Delete TITLE Addition TITLE DELANEY, ROBERT NAME NAME 6221 14TH STREET WEST SUITE #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34207 Delete ☐ Change Addition TITLE TITLE BROWN, GEORGE K NAME NAME STREET ADDRESS 7810 15TH AVENUE NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: 0000000 (941) 748-015