

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-01-2002 90060 050 ****70.00
04-23-2002 90321 010 ****70.00

DOCUMENT # *N 93000004562*

1. Entity Name

SAVE ANNA MARIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9115 12TH AVE. N.W.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 906

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FL

City & State

ANNA MARIA, FL.

4. FEI Number

65-0440793

Applied For

Not Applicable

Zip

34209

Country

U.S.A.

Zip

34216

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BUNNY L. GARST

Street Address (P.O. Box Number is Not Acceptable)

609 NORTH BAY BLVD (2115)

City

ANNA MARIA

FL

Zip Code

34216

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

Bunny L. Garst
BUNNY L. GARST

(NOTE: Registered Agent signature required when reinstating)

4/10/02
DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
CATHERINE (KATIE) PIEROLA
9115 12TH. AVE. N.W.
BRADENTON, FL. 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
JOAN PERRY
507 74TH. ST.
HOLMES BEACH, FL. 34217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/S/D
SHERRY MESAROS
307 57TH. ST.
HOLMES BEACH, FL. 34217

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry C. Mesaros *SHERRY C. MESAROS* *4/4/02* *941-778-9474*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number