

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000003475**

1. Entity Name

MANATEE WIDOWED PERSONS SERVICE, INC.

Principal Place of Business

**1700 3RD AVE
BRADENTON FL 34205**

Mailing Address

**7222 MEADOW BROOK DR.
SARASOTA FL 34243-1626**

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

65-0484838

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

**WOOD, MARTHA G
7222 MEADOW BROOK DR.
SARASOTA FL 34243-1626**

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	P	<input type="checkbox"/> Delete
NAME	WOOD, MARTHA G	
STREET ADDRESS	7222 MEADOW BROOK DR.	
CITY-ST-ZIP	SARASOTA FL 34243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, THOMAS R.	
STREET ADDRESS	1200 AURORA BLVD.	
CITY-ST-ZIP	BRADENTON FL 34202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	DEPEW, GORDON	
STREET ADDRESS	4407 MUIRFIELD DR W	
CITY-ST-ZIP	BRADENTON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	ROEHL, KATRINA	
STREET ADDRESS	2719 3RD AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRANTLEY, JEANIE	
STREET ADDRESS	1700 3RD AVENUE W	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATALIE SCHLEP	
STREET ADDRESS	4140 20TH ST. W	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	D	<input type="checkbox"/> Delete
NAME	IRWIN, JEAN	
STREET ADDRESS	206 2ND STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**MARTHA G. WOOD**

Date

1/15/01 (941) 355-2034

Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90146 021 ****61.25

907480

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)