

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90089 017 \*\*\*\*61.25

**DOCUMENT # N95000003624**

1. Entity Name

**PEOPLE OF COLOR AIDS COALITION MANATEE, INC.**

Principal Place of Business

Mailing Address

108 M.L. KING JR. AVE.  
BRADENTON FL 34208

108 M. L. KING JR. AVE.  
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

*317 10th Ave. West*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*Bradenton, FL*

4. FEI Number

**65-0596093**

Applied For

Not Applicable

Zip

Country

Zip

Country

*34205*

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

**DUNLAP, ROBERT**  
108 M. L. KING JR. AVE. E.  
BRADENTON FL 34208

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMERICAN BANK</b>	
STREET ADDRESS	<b>4702 CORTEZ ROAD</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34204</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, SAMIDA</b>	
STREET ADDRESS	<b>6109 37TH AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34204</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIXON, JAMES</b>	
STREET ADDRESS	<b>2111 19TH STREET EAST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRATT, DORETHA</b>	
STREET ADDRESS	<b>3020 9TH AVE. E.</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>ED</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUNLAP, ROBERT</b>	
STREET ADDRESS	<b>621 13 AVENUE E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BREWER, SHIRLEY</b>	
STREET ADDRESS	<b>1404 15TH AVE. E.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ED Doretha A. Pratt</i>	
STREET ADDRESS	<i>3020 9th Ave. Dr. E.</i>	
CITY-ST-ZIP	<i>Palmetto, FL 34221</i>	
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: *Doretha A. Pratt* **REQUIRED**

*4/19/2000* *(941) 722-5006*