

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90062 044 ****61.25

DOCUMENT # N95000005417

1. Entity Name

MANASOTA PAF USERS' GROUP, INC.

Principal Place of Business

Mailing Address

5811 24TH STREET, WEST
 BRADENTON FL 34207-3931

5811 24TH STREET, WEST
 BRADENTON FL 34207-3931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NAYLOR, ELSIE B
5811 24TH STREET, WEST
BRADENTON FL 34207-3931

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 **PD SCHULZ, BARBARA**
 STREET ADDRESS **PO BOX 1502 N/A**
 CITY-ST-ZIP **ONECO FL 34264**

TITLE Change Addition
 NAME **PD CAMPBELL, DORINNE**
 STREET ADDRESS **6417 RENSSALAER DRIVE**
 CITY-ST-ZIP **BRADENTON, FL.**

TITLE Delete
 NAME **VD SCHAFER, JOANN**
 STREET ADDRESS **3315 30TH ST. WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE Change Addition
 NAME **VD J JONES, ROBERT**
 STREET ADDRESS **509 17TH STREET,**
 CITY-ST-ZIP **HOLMES BEACH, FL 34217**

TITLE Delete
 NAME **TD NICHOLSON, NANCY**
 STREET ADDRESS **7202 39TH LANE EAST**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE Change Addition
 NAME **TD SCHULZ, BARBARA**
 STREET ADDRESS **PO BOX 1502 N/A**
 CITY-ST-ZIP **ONECO, FL 34264**

TITLE Delete
 NAME **SD CALKINS, ELIZABETH**
 STREET ADDRESS **PO BOX 456 N/A**
 CITY-ST-ZIP **CORTEZ FL 34215**

TITLE Change Addition
 NAME **SD FRENCH, JOANN**
 STREET ADDRESS **6808 3RD AVE N.W.**
 CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Robert Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 941-778-9333

Date

Daytime Phone #