

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001691

1. Entity Name

MANATEE WEST MERCHANTS ASSOCIATION, INC.

Principal Place of Business

7471 MANATEE AVE WEST
BRADENTON FL 34209

Mailing Address

7471 MANATEE AVE WEST
BRADENTON FL 34209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0655286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JENNIFER
7471 MANATEE AVENUE WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, JENNIFER
7471 MANATEE AVE WEST
BRADENTON FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GOLABEK, ROBYN
7427 MANATEE AVENUE WEST
BRADENTON FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHMIDT, DIXIE ANN
7441 MANATEE AVE W
BRADENTON FL 34209 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAISER, CAROLYN
3814 SOUTHERN PKY W
BRADENTON FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLAVITO, DEBBIE
7423 A WEST MANATEE AVE.
BRADENTON FL 34209 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HANCOCK, JUDITH A
1117 MALLORCA DR
BRADENTON FL 34209 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Robyn Golabek
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/01

941-761-3548

FILED
Aug 24, 2001 8:00 am
Secretary of State

04-28-2001 90069 006 ****61.25

11598



DO NOT WRITE IN THIS SPACE

0014150

CR2E037 (5/01)