

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001101**

1. Entity Name

MANATEE COUNTY CITIZENS REVIEW, INCORPORATED

Principal Place of Business

**115 MANATEE AVENUE, WEST
BRADENTON FL 34205**

Mailing Address

**PO BOX 25400
BRANDON FL 34206
US**

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

59-3439809

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SHORE, RICHARD B
115 MANATEE AVENUE, WEST
BRADENTON FL 34205****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**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	D	<input type="checkbox"/> Delete
NAME	SHORE, RICHARD B	
STREET ADDRESS	1115 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, TERRY	
STREET ADDRESS	1115 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNGS, KARL	
STREET ADDRESS	1115 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

1/08/2002

Date

941-741-4001

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90035 031 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)