

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002617

1. Entity Name

MANATEE SCHOOL OF ARTS AND SCIENCES, INC.

Principal Place of Business

Mailing Address

7315 1ST AVE W
BRADENTON FL 34209
US

7315 1ST AVE W
BRADENTON FL 34209
US

2. Principal Place of Business

3700 32nd St. W.

Suite, Apt. #, etc.

3. Mailing Address

3700 32nd St. W.

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip 34205

Country USA

City & State

Bradenton FL

Zip 34205

Country USA

4. FEI Number

65-0750813

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOLLY, MIRIAM
6315 2ND AVENUE NORTHWEST
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

Miriam Jolly

1/9/02

Signature, typed or printed name of registered agent and date 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	PD	<input type="checkbox"/> Delete
NAME	JOLLY, MIRIAM	
STREET ADDRESS	6315 2ND AVENUE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOYLE, ROBERT	
STREET ADDRESS	6406 1ST AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROSENBLUTH, FRAN	
STREET ADDRESS	8304 12TH AVE DR NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYNTON, ROBERT	
STREET ADDRESS	5212 24TH AVE DR W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	KITZMULLER, ROBERT	
STREET ADDRESS	4407 PARK LAKE TERRACE NORTH	
CITY-ST-ZIP	BRADENTON FL 34209	
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
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 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:

Miriam Jolly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 941-755-5012

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90361 020 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)