

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N970000002755**  
1. Entity Name  
**ReFlections of Manatee, Inc.**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90029 010 \*\*\*\*70.00

Principal Place of Business Mailing Address  
**322 14<sup>th</sup> ST. E.** **322 14<sup>th</sup> ST. E.**  
**Bradenton, FL 34208** **Bradenton, FL**  
**34208**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **31-1567862** Applied For  
Not Applicable

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**

**Trudy Williams**  
**322 14<sup>th</sup> ST. E.**  
**Bradenton, FL 34208-1334**

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 ☐ **\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>President</b>	<b>Jeffrey M. Williams</b>	<b>322 14<sup>th</sup> ST. E.</b>	<b>Bradenton, FL 34208-1334</b>	<input type="checkbox"/> Delete
<b>Vice President</b>	<b>Joseph St. John III</b>	<b>1306 4<sup>th</sup> AVE. E.</b>	<b>Bradenton, FL 34208</b>	<input type="checkbox"/> Delete
<b>Director</b>	<b>Roger Williams (No Relation to Above)</b>	<b>219 4<sup>th</sup> AVE E.</b>	<b>Bradenton, FL 34208</b>	<input type="checkbox"/> Delete
<b>Director</b>	<b>Pamela N. Gibson</b>	<b>504 Bay View Dr.</b>	<b>Homes Beach, FL 34217-2140</b>	<input type="checkbox"/> Delete
<b>Director</b>	<b>Angela Baisley</b>	<b>6113 Regiment</b>	<b>Jacksonville, FL 32277-3583</b>	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>Secretary / Treasurer</b>	<b>Melissa Harlander</b>	<b>1621 2nd AVE. E.</b>	<b>Bradenton, FL 34208</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-01 941-746-2035**

CR2E037 (11/00)