

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005017

1. Entity Name

MANATEE AND WILDLIFE PROTECTION, INC.

Principal Place of Business

425 WEST MERRITT AVE.
MERRITT ISLAND FL 32953

Mailing Address

P.O. BOX 540946
MERRITT ISLAND FL 32954-0946

2. Principal Place of Business

Suite, Apt. #, etc.
1165 MAI KAI DR.

City & State
MERRITT ISLAND, FLA.

Zip
32953

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3476576

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GANN, JUDITH
1165 MAI KAI DR.
MERRITT ISLAND FL 32953

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)

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-09/06/00--01081--004

*****61.25 *****61.25

FILE NOW: FEE IS \$61.25
After September 13, 2000 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 DP ☐ Delete
NAME GANN, HOLLY A
STREET ADDRESS 425 WEST MERRITT AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE DV ☐ Delete
NAME GANN, JUDITH D
STREET ADDRESS 425 WEST MERRITT AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE DV ☐ Delete
NAME GANN, STEVE D
STREET ADDRESS 425 WEST MERRITT AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)