

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005017

1. Entity Name

MANATEE AND WILDLIFE PROTECTION, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90019 020 ****61.25

Principal Place of Business

1165 MAI KAI DR.
MERRITT ISLAND FL 32953

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GANN, HOLLY A
425 WEST MERRITT AVE.
MERRITT ISLAND FL 32953 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

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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: *Mrs. Judith Gann* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01 321 454 6355

CR2E037 (10/00)