

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001295

1. Entity Name

LITTLE MANATEE ISLES MANUFACTURED HOMEOWNERS ASS

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90160 012 \*\*\*\*61.25

Principal Place of Business 2821 GULF CITY RD #7 RUSKIN FL 33570	Mailing Address 2821 GULF CITY RD #7 RUSKIN FL 33570-2842
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3504934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  SNYDER, ROBERT 2821 GULF CITY RD #7 RUSKIN FL 33570
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, JANET 2821 GULF CITY RD., #169 RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD TAKALA, NANCY 2821 GULF CITY RD., #93 RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, ROBERT F 2821 GULF CITY RD., #7 RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, GRETA A 2821 GULF CITY RD., #17 RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORSTMAN, MARY 2821 GULF CITY RD., #86 RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Beverly King 2821 Gulf City Rd., # 69 Ruskin, Fla 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Frank Savage 2821 Gulf City Rd., # 148 Ruskin, Fla 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Snyder, Robert F. 2821 Gulf City Rd., # 7 Ruskin, Fla 33570 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bell, Greta A. 2821 Gulf City Rd., # 17 Ruskin, Fla 33579 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Horstman, Mary 2821 Gulf City Rd., # 86 Ruskin, Fla 33570 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President /Director Frye, Al 2821 Gulf City Rd., # 96 Ruskin, Fla 33570 <input type="checkbox"/> Change <input checked="" 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: GRETA A. BELL, TREASURER JANUARY 21 2000 831 641 1756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)