

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004934

1. Entity Name

MANATEE SERTOMA INC

Principal Place of Business

PO BOX 4817
HOMOSASSA SPRINGS FL 34447

Mailing Address

PO BOX 4817
HOMOSASSA SPRINGS FL 34447-4817

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

59-3569500

Applied For

Not Applied For

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

Name

JOHN RIFE

Street Address (P.O. Box Number is Not Acceptable)

7290 S. Blackberry PT.

City

HOMOSASSA

FL

Zip Code

34446

NINK, CHARLES

2141 N CEDARHOUSE TERR
CRYSTAL RIVER FL 34428

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/20/99

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	D	<input checked="" type="checkbox"/> Delete
NAME	TACK, TINA	
STREET ADDRESS	8037 WEST WINDHAVEN	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NINK, CHARLES	
STREET ADDRESS	2141 N CEDARHOUSE TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDREWS, WILLIAM	
STREET ADDRESS	PO BOX 608 N/A	
CITY-ST-ZIP	HOMOSASSA FL 34487	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADMULLER, RICHARD	
STREET ADDRESS	6380 EVRO AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KENNON, JULIE	
STREET ADDRESS	403 NW CRYSTAL ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFE JOHN	
STREET ADDRESS	7290 S. Blackberry PT.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Kennon	
STREET ADDRESS	403 N.W. CRYSTAL ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Ramsey	
STREET ADDRESS	6510 S. Pleasant ave	
CITY-ST-ZIP	HOMOSASSA FL 34446	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

DATE

352-220-0611

Daytime Phone #