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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
05-17-2001 90377 002 ****61.25

DOCUMENT # N98000004934

1. Entity Name

MANATEE SERTOMA INC

Principal Place of Business	Mailing Address
PO BOX 4817 HOMOSASSA SPRINGS FL 34447	PO BOX 4817 HOMOSASSA SPRINGS FL 34447

[redacted]

DO NOT WRITE IN THIS SPACE

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 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
RIFE, JOHN 7290 S BLACKBERRY PT HOMOSASSA FL 34446	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RIFE, JOHN 72900 S BLACKBERRY PT HOMOSASSA FL 34448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John Rife. 3480 W. Cuyler ct Lecanto Fl	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KANNON, JULIE 403 NW CRYSTAL ST CRYSTAL RIVER FL 34428	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Richard A Olpinski P.O. Box 2693 Homosassa Springs Fl. 34447	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDREWS, WILLIAM PO BOX 608 - N/A HOMOSASSA FL 34487	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jeanne White 10264 W Central St Homosassa Fla 34448	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADMULLER, RICHARD 6380 EVRO AVE SPRING HILL FL 34608	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Sponsorship C.J. Nink 2141 N Cedar House Terr Crystal River Fl 34428 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAMSEY, MICHEAL 6510 S PLEASANT AVE HOMOSASSA FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director "Social" Bonnie Jones 5219 W. Corina's Ct Homosassa Fl 34446 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Attorney Director Frank Schoeppel 5594 W Racheal LN Homosassa Fl 34446. D	☐ Change ☑ Addition

CR2E037 (10/00)

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 REQUIRED President 3-15-01 352 302-406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #