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

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 #

CR2E037 (10/00)