

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000889

1. Entity Name

MANASOTA BUSINESS NETWORK, INC.

FILED

Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91164 036 ****61.25

0050744

Principal Place of Business

Mailing Address

617 CORTEZ RD W
BRADENTON FL 34207

617 CORTEZ RD W
BRADENTON FL 34207

2. Principal Place of Business

3. Mailing Address

617 CORTEZ RD W

617 CORTEZ RD W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON FL

BRADENTON FL

Zip

Country

Zip

Country

34207

USA.

34207.

USA

4. FEI Number

65-0894244

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

GARGIULO, ROBERT G
4301 32ND STREET WEST, SUITE D-1
BRADENTON FL 34205

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	D	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, KEN	
STREET ADDRESS	3557 FIRST ST E	
CITY - ST - ZIP	BRADENTON FL 34208	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LIVELY, RODGER M	
STREET ADDRESS	1514 12 ST W	
CITY - ST - ZIP	PALMETTO FL 34221	
TITLE	OST	<input type="checkbox"/> Delete
NAME	LAMBERT, ROBERT	
STREET ADDRESS	617 CORTEZ RD W	
CITY - ST - ZIP	BRADENTON FL 34207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ODONNELL, KEVIN	
STREET ADDRESS	7506 WESTMORLAND DR	
CITY - ST - ZIP	SARASOTA FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, FRED	
STREET ADDRESS	PO BOX 15134	
CITY - ST - ZIP	BRADENTON FL 34280	
TITLE	OV	<input type="checkbox"/> Delete
NAME	VOGEL, KAREN	
STREET ADDRESS	5901 CORTEZ RD W	
CITY - ST - ZIP	BRADENTON FL 34209	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, LAURIE	
STREET ADDRESS	PO BOX 15134	
CITY - ST - ZIP	BRADENTON FL 34280	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHREYS, SUSAN	
STREET ADDRESS	P.O. BOX 10475	
CITY - ST - ZIP	BRADENTON FL 34282	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:

ROBERT LAMBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)