

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90064 048 ****61.25

DOCUMENT # N99000001294

1. Entity Name

REFORM CONGREGATION OF MANATEE COUNTY, INC.

Principal Place of Business

**2400 90TH STREET NORTHWEST
 BRADENTON FL 34209**

Mailing Address

**2400 90TH STREET NORTHWEST
 BRADENTON FL 34209**

2. Principal Place of Business

3. Mailing Address

2109 60th Dr E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bradenton FL

4. FEI Number

65-0940925

Applied For

Not Applicable

Zip

Country

Zip

Country

34203

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, RICHARD
 2400 90TH STREET NORTHWEST
 BRADENTON FL 34209**

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 Delete
 NAME **D GREENE, RICHARD**
 STREET ADDRESS **2400 90TH STREET NORTHWEST**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEMER, ELI DR**
 STREET ADDRESS **8701 52ND AVENUE EAST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE Change Addition
 NAME *Lerner*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KRAMER, A.J.**
 STREET ADDRESS **5205 19TH AVENUE WEST**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE Change Addition
 NAME *Treasurer*
 STREET ADDRESS *Stephanie Barfill*
 CITY-ST-ZIP *34203*
2109 60th Dr E Bradenton FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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

Date

Daytime Phone #

CR2E037 (10/00)