

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001701

1. Entity Name

RUNNING PRIDE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90205 002 ****61.25

007/39/76

Principal Place of Business

816 29TH ST EAST
BRADENTON FL 34208

Mailing Address

PO BOX 11296
BRADENTON FL 34282

004449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 787
Bradenton, FL 34206
34206 U.S.

4. FEI Number

65-0703353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, CALEB J
1023 MANATEE AVE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GRIMES, CALEB J
CITY-ST-ZIP 1023 MANATEE AVE WEST
BRADENTON FL 34205

TITLE ☐ Delete
NAME D
STREET ADDRESS JONES, ERNEST L
CITY-ST-ZIP 816 29TH ST EAST
BRADENTON FL 34208

TITLE ☐ Delete
NAME D
STREET ADDRESS MASSI, MARIA
CITY-ST-ZIP 2808 82ST AVE EAST
BRADENTON FL 34205

TITLE ☐ Delete
NAME D
STREET ADDRESS SALTERS, ALVIN
CITY-ST-ZIP 1102 3RD ST WEST
BRADENTON FL 34205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME MASSI-BLACKMORE, MARLA
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 REQUIRED

4/17/01 (94) 127-6100

CR2E037 (10/00)