2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90448 008 ****61.25

DOCUMENT # N99000004058

1. Entity Name

MCOLA MANATEE CITIZENS FOR OFF LEASH AREAS, INC.

817643

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5102 30 STREET WEST BRADENTON FL 34207 US	5102 30 STREET WEST BRADENTON FL 34207 US

2. Principal Place of Business	3. Mailing Address
same as above	same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: USA	Zip / Country: USA

4. FEI Number ~~59-3591574~~ NOT APPLICABLE ☐ 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
CRAWFORD, LAURIE 5102 30 STREET WEST BRADENTON FL 34207	Name: N/A 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	PD CRAWFORD, LAURIE 5102 30TH ST W BRADENTON FL 34207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUE CAMPBELL 1277 92ND ST NW BRADENTON FL 34209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUSSELL, HILDY 4003 BAYSIDE CT BRADENTON FL 34210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY K MEANS 3516 55 PLE BRADENTON FL 34203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KOLLE, SUE (KOLZE) 610 IXORA AVE ELLENTON FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDA KINNAN 304 69TH ST NW BRADENTON FL 34209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOSKA ROMINE 2011 49TH ST W BRADENTON FL 34209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RITA BOYER 724 FONTANA BRADENTON FL 34209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Suzanne Kolze JR/Treasurer 3-16-01 941-729-8631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SUE KOLZE Date Daytime Phone #