

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 15, 2000 8:00 am
Secretary of State

03-08-2000 90005 039 ****61.25

DOCUMENT # N99000006277

1. Entity Name

WE CARE MANATEE, INC.

Principal Place of Business

Mailing Address

**4808 26 STREET WEST
 BRADENTON FL 34207**

**4808 26 STREET WEST
 BRADENTON FL 34207-1705**

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

59-3606103

Applied For

Not Applicable

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

**COBBE, FRASER C
 4808 26 STREET WEST
 BRADENTON FL 34207**

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** ☐ Delete
 NAME **THOMAS, GEORGE**
 STREET ADDRESS **316 MANATEE AVE W**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** ☐ Change ☒ Addition
 NAME **Mattina, Peter, MD**
 STREET ADDRESS **800 39th St. West**
 CITY-ST-ZIP **Bradenton, FL 34205**

TITLE **D** ☐ Delete
 NAME **SOLER, JOSEPH**
 STREET ADDRESS **2416 LANDINGS CIRCLE NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ Change ☒ Addition
 NAME **Morrish, Thomas, MD**
 STREET ADDRESS **2010 59th St. West #3500**
 CITY-ST-ZIP **Bradenton, FL 34209**

TITLE **D** ☐ Delete
 NAME **MORRISH, THOMAS**
 STREET ADDRESS **2010 59 STREET W #3500**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ Change ☒ Addition
 NAME **Boudreaux, Connie**
 STREET ADDRESS **2020 59th St. West**
 CITY-ST-ZIP **Bradenton, FL 34209**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Christen, John Paul**
 STREET ADDRESS **206 Second St. East**
 CITY-ST-ZIP **Bradenton, FL 34208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Branic, Gladys, MD, MPH**
 STREET ADDRESS **410 Sixth Ave. East**
 CITY-ST-ZIP **Bradenton, FL 34208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Glass, Patricia-County Commissioner**
 STREET ADDRESS **1112 Manatee Ave. West**
 CITY-ST-ZIP **Bradenton, FL 34205**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00