

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90023 049 ****61.25

0074004

DOCUMENT # N99000006277

1. Entity Name

WE CARE MANATEE, INC.

Principal Place of Business

**4808 26 STREET WEST
 BRADENTON FL 34207**

Mailing Address

**4808 26 STREET WEST
 BRADENTON FL 34207**

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

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

AMY L. TYLE

Street Address (P.O. Box Number is Not Acceptable)

4808 26th Street West

City

Bradenton

FL

Zip Code

34207

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

Amy L. Tyle **AMY TYLE**

3/15/01

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

TITLE ☐ Change ☒ Addition
 NAME **DR. TALLY, PHILIP**
 STREET ADDRESS **6015 Point West Blvd.**
 CITY-ST-ZIP **BRADENTON, FL 34209**

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

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

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

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
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TITLE ☐ Delete
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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:

Amy L. Tyle **RECAIM TYLE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 (941) 755-3952
 Date Daytime Phone #

CR2E037 (10/00)