2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State
09-19-2001 90123 033 ***558.75

A0086718

DOCUMENT # P00000041981

1. Entity Name
Manasota Underwriters of Sarasota, INC.

Principal Place of Business	Mailing Address
2344 Bee Ridge Rd. Suite 100 Sarasota, FL 34239	2344 Bee Ridgerd Ste 100 Sarasota, FL 34239

2. Principal Place of Business	3. Mailing Address
5505 15th St. E.	5505 15th St. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL 34203	City & State: Bradenton, FL 34203
Zip: 34203 Country: USA	Zip: 34203 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650048642 ☐ 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
Ponder-Mooney, Lillie 2344 Bee Ridge Rd. Ste 100 Sarasota, FL 34239	Name: Morrison, Ryan P. Street Address (P.O. Box Number is Not Acceptable): 5505 15th St E. City: Bradenton FL Zip Code: 34203

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 RYAN P. MORRISON [signature] DIRECTOR 9/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Ponder-Mooney, Lillie 2344 Bee Ridge Rd Sarasota FL 34239 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Morrison, Ryan P. 5505 15th St E. Bradenton, FL 34203 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RYAN P. MORRISON DIRECTOR 9/11/01 941-752-9876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #