

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90009 025 ***150.00

DOCUMENT # P00000087261

1. Entity Name
MANATEE VALLEY CATTLE, INC.

Principal Place of Business

1205 MANATEE AVE. W.
BRADENTON FL 34205

Mailing Address

1205 MANATEE AVE. W.
BRADENTON FL 34205

2. Principal Place of Business

1227- 9th Avenue West

Suite, Apt. #, etc.

3. Mailing Address

1227- 9th Avenue West

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-1044849

Applied For

Not Applicable

Zip

Country

34205

Zip

Country

34205

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

HARLEE, JOHN P III
1205 MANATEE AVE. W.
BRADENTON FL 34205

Name

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

1227- 9th Avenue West

City
Bradenton

FL

Zip Code

34205

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

John P Harlee III

01-10-02

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, 2002 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
PSD
HARLEE, JOHN P III
1205 MANATEE AV W
BRADENTON FL 34205 ☐ Delete

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1227- 9th Avenue West
Bradenton FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

John P Harlee III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02

Date

941-744-5537

Daytime Phone #

CR2E034 (9/01)