

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90425 013 ***150.00

DOCUMENT # PO1 000120196

1. Entity Name

MANATEE FARM PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

932 5th AVE W

Suite, Apt. #, etc.

3. Mailing Address

932 5TH AVE W

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALMETTO, FL

City & State

PALMETTO, FL

4. FEI Number

80-0020409

Applied For

Not Applicable

Zip

34221

Country

US

Zip

34221

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

QUINLAN, JOHN V

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

601 12th ST W

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

TAYLOR, JOHN M

1510 17th ST W

PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

TAYLOR, R JAY

1724 17th ST W

PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William M Monette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
Date

841703683
Daytime Phone #

CR2E034B (12/01)