## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91046 018 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000098399 1. Entity Name
MANATEE RIVER HOLDING COMPANY Principal Place of Business Mailing Address 9045 TOWN CENTER PKWY 9045 TOWN CENTER PKWY BRADENTON, FL 34202 BRADENTON, FL 34202 3. Malling Address
9415 Town Center PKW Principal Place of Business 2. Principal Place of Business 945 Town Center PKW Suite, Apt. 8, etc. ☐ CHECK HERE IF MAKING CHANGES City & State
Brackenton=FL= Applied For 4. FEI Numbe Cdy & State *~20*·-0002455= Bradenton=FL Country 34202 \$8.75 Additional Fee Required 5. Certificate of Status Desired Monatee Manatce 7. Name and Address of New Registered Agent Name KEYSER, STEPHEN B 1515 RINGLING BLVD, 10TH FL SARASOTA, FL 34236 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent FILE NOWILL FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Change ■ Addition TITLE ☐ Delete McNabb, M. Pete MCNABB, M. PETE NALAS 9415 Town Center PKWY 9045 TOWN CENTER PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZP BRADENTON, FL 34202 City-st-ZiP Bradenton, FL Change Addition TITLE ☐ Delete TITLE Vollmer, Dawn P. 9415 Town Center PKW NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP Bradenton FL 34202 Addition ☐ Change TITLE ☐ Defete TITLE Nelson Christopher T. 9415 Town Center PKW NAME NAME STREET ADDRESS STREET ADDRESS Brodenton, FL 34202 CITY-ST-ZP CITY-ST-ZIP · Change · Addition TOIF TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-2P COY-ST-ZIP Addition ☐ Delete TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change Addition ☐ De lete 10LE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3\(\)1). Florids 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Vile 907-6771 SIGNATURE: