

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062503

1. Entity Name

PALMS OF MANASOTA, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90005 036 \*\*\*150.00

Principal Place of Business

126 49 CT. E.  
PALMETTO FL 34221

Mailing Address

126 49 CT. E.  
PALMETTO FL 34221-7308

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 **65-0484340**

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

LAING, WILLIAM J  
220 49TH STREET E.  
PALMETTO FL 34221

Name **E. JOHN DORR**

Street Address (P.O. Box Number is Not Acceptable)  
**122-49TH CT. E.**

City **PALMETTO**, **FL** Zip Code **34221-7308**

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 E. John Dorr **E. JOHN DORR** **2-10-00**  
Signature, type 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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LAING, WILLIAM J	
STREET ADDRESS	138 49 CT. E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	BM	<input type="checkbox"/> Delete
NAME	DORR, JOHN	
STREET ADDRESS	122 49TH CT. E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	BM	<input type="checkbox"/> Delete
NAME	VINER, BRUCE	
STREET ADDRESS	211 49 CIRCLE E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LYNAH, MARY	
STREET ADDRESS	110 49TH CT. E.	
CITY-ST-ZIP	PALMETTO FL 34224	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	STEWART, RUTH	
STREET ADDRESS	2850 PEMQUIN LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	LILLY, TAMARA	
STREET ADDRESS	1700 3RD. AVE.	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY NEWDOM	
STREET ADDRESS	106 49 CT. E.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

(ONLY 5 ALLOWED)

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: E. John Dorr **E. JOHN DORR** **2-10-00** **(941) 722-1122**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)