

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91890 036 ***150.00

DOCUMENT # P93000062503

1. Entity Name

PALMS OF MANASOTA, INC.



Principal Place of Business

139 49TH CT E 268 51st St. Circle E; PALMETTO FL 34221

Mailing Address

139 49TH CT E P.O. BOX 460 PALMETTO FL 34221

2. Principal Place of Business

268 51st St. Circle E

3. Mailing Address

P.O. BOX 460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

Palmetto FL

Zip

34221

Country

USA

Zip

34221

Country

USA

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

GOODWIN, JOHN W. E. JOHN DORR
139 49TH CT E 256 51st St. Circle E
PALMETTO FL 34221 Palmetto, FL 34221

Name

E. JOHN DORR

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

256 51st St. Circle E

City

PALMETTO

FL

Zip Code

34221

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.

SIGNATURE

E. John Dorr
Signature, typed or printed name of registered agent and title if applicable.

E. JOHN DORR
(NOTE: Registered Agent signature required when reinstating)

06-05-03

DATE

FILE NOW!!! 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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | GOODWIN, JOHN W | |
| STREET ADDRESS | 138 49TH CT E | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | BLACKMAN, MARY JANE | |
| STREET ADDRESS | 4730 30TH STREET W | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | NORTH, GREET | |
| STREET ADDRESS | 219 49TH CIRCLE E | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---|
| TITLE | P. PRESIDENT | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | E. JOHN DORR | |
| STREET ADDRESS | 256 51st St. Circle E | |
| CITY-ST-ZIP | PALMETTO, FL 34221 | |
| TITLE | VICE PRES. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LISA CHILDRESS | |
| STREET ADDRESS | 314 49TH ST. E | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RON LAMING | |
| STREET ADDRESS | 316 49TH ST. E | |
| CITY-ST-ZIP | PALMETTO, FL 34221 | |
| 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 | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. John Dorr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-25-03

Date

(941) 722-5858
Daytime Phone #

CR2E034 (10/02)