

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P94000006310**

1. Entity Name  
**MANASOTA HERPETOLOGICAL SOCIETY, INC.**

Principal Place of Business  
**13615 4TH AVENUE, N.E.  
BRADENTON FL 34202  
US**

Mailing Address  
**13615 4TH AVENUE, N.E.  
BRADENTON FL 34202  
US**

2. Principal Place of Business  
**P.O. Box 64**

3. Mailing Address  
**P.O. Box 64**

Suite, Apt. #, etc.

City & State  
**Longboat Key FL**

City & State  
**Longboat Key FL**

Zip  
**34228**

Country  
**US**

6. Name and Address of Current Registered Agent  
**SCHMITT, JOHN J  
13615 4TH AVENUE, N.E.  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent  
**Tom Mayers  
7250 Gulf of Mexico Dr.  
Longboat Key FL 34228**

8. The above named agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  
**Tom Mayers Thomas Mayers**

DATE  
**9/9/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	PD KUCHICKI, KEVIN 1525 HERBERLING AVENUE NORTH PORT FL 34286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Mayers PD P.O. Box 64 Longboat Key FL 34228 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYERS, TOM P.O. BOX 64 N/A LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry Lemon VD 1619 51st Ave East Bradenton FL 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMON, LARRY 1619 51ST AVENUE EAST BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Machado SD 4085 Velarde Lane Sarasota FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMITT, JOHN 13615 4TH AVENUE, N.E. BRADENTON FL 34202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Rex TD 2975 50th Ave W #28 Bradenton FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing is true and correct 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 correct, 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; and that my signature is 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.

SIGNATURE: **Tom Mayers Thomas Mayers**

DATE: **9/9/01**

**FILED**

**01 SEP 17 AM 11:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

**800004610148-3**  
**-09/25/01--01041--029**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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FILED

01 SEP 17 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 10, 2001

To: Buck Kohr

Division of Corporations.

Dear Sir:

Enclosed, please find the 2001 Uniform Business Report for the Manasota Herpetological Society Inc. Unfortunately, the original never arrived so the May deadline was not met. Also enclosed is a cashiers check I/A/O \$150.00 to cover the annual fee. I appreciate all of your assistance in this matter.

Sincerely,

*Tom Mayers*  
Thomas Mayers