

5417
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024348

1. Entity Name

MANATEE COMMUNITIES, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90331 001 ***300.00

Principal Place of Business

**5475 SHIRLEY STREET
 SUITE 2
 NAPLES FL 34109**

Mailing Address

**5475 SHIRLEY STREET
 SUITE 2
 NAPLES FL 34109**

2. Principal Place of Business

**5672 Strand Ct.
 Suite, Apt. #, etc.
 Ste. #3**

3. Mailing Address

**5672 Strand Ct.
 Suite, Apt. #, etc.
 Ste. #3**

City & State

Naples, FL.

City & State

Naples, FL.

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

59-3437535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SZEMPRUCH, DAVID J
 5100 TAMiami TRAIL NORTH
 SUITE 201
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Larry J. Gode

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

9566 GULF SHORE DR.

City

**PH #4
 Naples**

FL

Zip Code

34108

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-01

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 \$150.00
 After MAY 1, 2001 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

TITLE **D** ☐ Delete
 NAME **GODE, LARRY J**
 STREET ADDRESS **9566 GULF SHORE DR**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-01

CR2E034 (10/00)