

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024822

1. Entity Name

FLORIDA MANATEE, INC.

Principal Place of Business

Mailing Address

8201 BAYSHORE DR.
TREASURE ISL., FL.

2. Principal Place of Business

3. Mailing Address

8201 BAYSHORE DR.

8201 BAYSHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TREASURE ISL., FL.

TREASURE ISL., FL.

City & State

City & State

Zip

Zip

Country

Country

33706

33706

4. FEI Number

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

ELIZABETH G. BRAVE
11452 127TH AVE. N.
LARGO, FL. 33778
813/586-1250

Name MICHELE BRAVE

Street Address (P.O. Box Number is Not Acceptable)
8201 BAYSHORE DR.

City TREASURE ISLAND, FL Zip Code 33706

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

Michele Brave MICHELE BRAVE PRES. 4/13/2000

Signature, typed 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 VTD
NAME BRAVE, MICHELE
STREET ADDRESS 8201 BAYSHORE DR., FL.
CITY-ST-ZIP TREASURE ISLAND, FL.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PS
NAME BRAVE, MICHELE
STREET ADDRESS 8201 BAYSHORE DR.
CITY-ST-ZIP TREASURE ISLAND, FL.

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Michele Brave MICHELE BRAVE PRES 4/13/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-367-9914

CR2E034 (9/99)