

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90151 016 ***150.00

0402849

DOCUMENT # P98000037066

1. Entity Name
MANATEE RIVER INNS, INC.

Principal Place of Business 4800 N TAMIAMI TR SARASOTA FL 34243	Mailing Address 717 MANATEE AVE W. #200 BRADENTON FL 34205
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0830913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, SONMUCHLAL
 4800 N TAMIAMI TRAIL
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent

Name **ROBERT L. MILLER**
 Street Address (P.O. Box Number is Not Acceptable)
**717 MANATEE AVE. N.
 SUITE 200**
 City **BRADENTON** FL Zip Code **34205**

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 Robert L. Miller M. Miller DATE 1/8/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	PATEL, SONMUCHLAL L	
STREET ADDRESS	4800 N TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT L	
STREET ADDRESS	717 MANATEE AVE W. STE 200	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	8 TREASURER	<input type="checkbox"/> Delete
NAME	PATEL, RAMILA S	
STREET ADDRESS	4800 N TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MILLER, MARY E.	
STREET ADDRESS	717 MANATEE AVE. W., SUITE 200	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: M. Miller DATE 1/8/01 DAYTIME PHONE # (941) 746-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)