FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 24 AM 10:31

DOCUMENT # P99000002416

1. Entity Name

MANATEE RIVER RESORT, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4513 WINNERS CIRCLE	P.O. Box 640
Suite, Apt. #, etc. #1524	Suite, Apt. #, etc.
City & State SARASOTA, FLORIDA	City & State SARASOTA, FLORIDA
Zip 34338 Country	Zip 34230-0640 Country

4. FEI Number 65-0890257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BARBARA K. SMITH

Street Address (P.O. Box Number is Not Acceptable): 4513 WINNERS CIRCLE # 1524

City: SARASOTA, FLORIDA **FL** Zip Code: 34238

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME MARK BRIVIK STREET ADDRESS %4513 Winners Circle # 1524 CITY-ST-ZIP ~~Sarasota, Florida 34238~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400010693644 01/24/03--01029--007 **158.75
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MARK BRIVIK, PRESIDENT 1/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #