

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000002416
1. Entity Name

MANATEE RIVER RESORT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 24 AM 10:31

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4513 WINNERS CIRCLE

Suite, Apt. #, etc.
#1524

3. Mailing Address
P.O. Box 640

Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA

Zip
34338

Country

City & State
SARASOTA, FLORIDA

Zip
34230-0640

Country

4. FEI Number
65-0890257

Applied For
Not Applicable

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

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

SARASOTA, FLORIDA

City
FL Zip Code
34238

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IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P
MARK BRIVIK
4513 Winners Circle # 1524
Sarasota, Florida 34238

TITLE
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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 #

CR2E034B (12/02)