## 2000 UNIFORM BUSINESS REPORT (UBR)

Tanta. Solum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

DOCUÍ 1. Entity Name	MENT # P99000105747 Pine Island Resort	•	ociation,	Inc.	May 11 Secre	FILED 1, 2000 8 tary of S	State
Principal Place of Business Mailing Address					05-11-20	00 90316 004 *****	150.00
	n Street East o, FL 34221	Same					
Principal Place of Business     3. Mailing Address							
647 10th Street East Same Suite, Apt. #, etc. Suite, Apt. #, etc.			·		DO NOT WE	RITE IN THIS SPACE	
	·	00110,7101. 3, 0107					
City & State Palmetto, FL 34121		City & State			4. FEI Number	<u> </u>	Applied For Not Applicable
Zip <b>34221</b>	Country  Manatee	Zip	Country		5. Certificate of Status Desired	□ \$8.75 Fee Requ	Additional uired
34221	6. Name and Address of Current I	Registered Agent			7. Name and Address of New	Registered Agent	
Robert C. Schermer, Esq.				e			
Greene, Donnelly & Schermer 1301 6th Avenue West, Suite 400				Street Address (P.O. Box Number is Not Acceptable)			
Bradento	on, FL 34205						
		,	City			FL Zip C	Code
9. This corpor	<u> </u>	FILE NOW After MAY 1, 20 Make Check Payat	N Prophilips and residence of the Control of	50.00 \$550.00	10. Election Campaign F Trust Fund Contribut	ion. Ad	5.00 May Be ded to Fees
11.	OFFICERS AND		12.	Då	ADDITIONS/CHANGES TO OF		
TITLE NAME	President/Director William Manfull	Delete	TITLE NAME	Direc	ct C. Schermer	☐ Chan	ge 🔀 Addition
STREET ADDRESS	WILLIAM PRINTELL		STREET ADDRE				
CITY-ST-ZIP	Palmetto, FL 34221	<u>_</u>	CITY-ST-ZIP	Brade	enton, FL 34205		
TITLE NAME		☐ Delete	TITLE NAME	ļ	ı	☐ Chan	ge 🗌 Addition
STREET ADDRESS .			STREET ADDRE	SS			
TITLE		☐ Delete	TITLE		<del> </del>	☐ Chan	ge
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP	ss	•		
TITLE		☐ Delete	TITLE			☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP	ss			•
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES	ss		☐ Chan	ge 🔲 Addition
CITY-ST-ZIP TITLE	· · ·	☐ Delete	CITY-ST-ZIP	_		Chan	ge
NAME STREET ADDRESS CHTY-ST-ZIP		<u>∟</u> Deicte	NAME STREET ADDRES CITY-ST-ZIP	SS		ت مارون	gv
13. Thereby condicated of the corp	ertify that the information supplied with on this report or supplemental report is obration or the receiver or frustee empo or on an attachment with an address, v	true and accurate and that r wered to execute this report	r the exemption ny signature sha as required by (	ali have the sa	me legal effect as if made unde	r oath; that I am an offi	cer or director

Robert C. Schermer, Director 941/747-3025

Daytime Phone #