


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90346 025 ****61.25

DOCUMENT # N00550

1. Entity Name
THE RACQUET CLUB OF EL CONQUISTADOR, INC.



Principal Place of Business Mailing Address

**4511 BAY CLUB DR.
BRADENTON FL 34205
US**

**4511 BAY CLUB DR.
BRADENTON FL 34205
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2372337** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OZARK, DAMIAN M
2808 MANATEE AVENUE WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, JIM	
STREET ADDRESS	5823 LOS VERDES CT	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, OWEN	
STREET ADDRESS	4220 PRUDENTIAL AVENUE CIRCLE EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROBBINS, CHARLES	
STREET ADDRESS	4005 ARCHIDA MADERA	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Adamsen, Jim	
STREET ADDRESS	5835 Los Verdes Ct	
CITY-ST-ZIP	Bradenton FL 34210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPS	<input type="checkbox"/> Change <input checked="" 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	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adamsen, Jim	
STREET ADDRESS	5835 Los Verdes Ct	
CITY-ST-ZIP	Bradenton FL 3421	
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		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. Smith* **SIGNATURE REQUIRED JAMES R. SMITH 941-753-1512**

CR2E037 (10/02)