

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 418882

1. Entity Name
CONARD BAC CORP

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90007 011 ***158.75

Principal Place of Business
3643 Cortez Rd W
Suite 110
Bradenton, FL 34210

Mailing Address
3643 Cortez Rd W
Suite 110
Bradenton, FL 34210

AVU0007U

2. Principal Place of Business
1707 71st St NW
Suite, Apt. #, etc.

3. Mailing Address
PO Box 14820
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number
59-1264351

Applied For
Not Applicable

Zip
34209

Country

Zip
34280

Country

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

6. Name and Address of Current Registered Agent
Conard, Richard T
1707 71st St NW
Bradenton, FL 34209

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.

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

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Conard, Richard T 1707 71st St NW Bradenton, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Conard, Betty A 1707 71st St NW Bradenton, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard T Conard WLB 941-742-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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