

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702002

1. Entity Name

HERNANDO DESOTO HISTORICAL SOCIETY, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90117 001 ****61.25

00001000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

910 3RD AVE W
BRADENTON FL 34205

910 3RD AVE W
BRADENTON FL 34205-8625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0649981

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILCOX, DAVID W.
308 13TH ST., WEST
BRADENTON FL 34205

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME FREEMAN, DAN
STREET ADDRESS 1915 -27 AVE W.
CITY-ST-ZIP BRADENTON FL 34205

TITLE PD ☐ Change ☒ Addition
NAME Rob Bell
STREET ADDRESS 5611 Bayshore Rd.
CITY-ST-ZIP Palmetto, FL 34221

TITLE TD ☐ Delete
NAME GOODSON, MARK
STREET ADDRESS 620 17TH ST W
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME HILDEBRANDT, MARK
STREET ADDRESS 2912 -26 AVE DR. W.
CITY-ST-ZIP BRADENTON FL 34205

TITLE SD ☐ Change ☒ Addition
NAME David Quaderer
STREET ADDRESS 4931 32nd Ave. Dr. W.
CITY-ST-ZIP Bradenton, FL 34209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 747-1998

CR2E037 (9/99)