2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # 702002** 1. Entity Name 04-03-2001 90091 018 ****61.25 HERNANDO DESOTO HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address 910 3RD AVE W 910 3RD AVE W **BRADENTON FL 34205** BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0649981 Not Applicable Zρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILCOX, DAVID W. 308 13TH ST., WEST **BRADENTON FL 34205** City Zip Code FL 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, DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. OFFICERS AND DIRECTORS PD ☐ Addition PD ☐ Delete M Change TITLE TITLE SHARFF, PAYL NAME BELL ROB NAME 7412 1977 AVENW 5811 BAYSHORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CADENTOR CITY-ST-7IF PALMETTO FL 34221 ☐ Delete TITLE Change Change Addition TD TITLE QUADEREK, DAVID NAME GOODSON, MARK NAME 4931 32nd Ave. Dr. W STREET ADDRESS STREET ADDRESS 620 17TH ST W CITY-ST-ZIE Brodenton, Fr 34200 PALMETTO FL 34221 ΩZ Addition TITLE Change Change ☐ Delete TITLE NAME QUADERER: DÁVID ----NAME . STREET ADDRESS STREET ADDRESS 4931 32ND AVE. DR. W. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Change Addition TITLE Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-71P ☐ Deteta ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CffY-S1-71P CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 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.