2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am DOCUMENT # **702002** 1. Entity Name **Secretary of State** HERNANDO DESOTO HISTORICAL SOCIETY, INC. 03-29-2002 91400 050 ****61.25 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. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0649981 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent New Business Address Street Address (P.O. Box Number is Not Acceptable) WILCOX, DAVID W. 1301 6th Avenue 308 13TH ST., WEST **BRADENTON FL 34205** Bradenton 8. The above named entity su SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW! FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE XX elete TITLE **t y**€hange ■ Addition PD NAME SHARFF, PAUL NAME Vita, John STREET ADDRESS 7412 19TH AVE NW STREET ADDRESS 1008 80th Street NW CITY-ST-ZIF Bradenton FL 34209 CITY-ST-ZIP Bradenton, F1 34209 TITLE ☐ Delete TITLE Change ☐ Addition QUADERER, DAVID TD NAME NAME STREET ADDRESS 4931 32ND AVE DRIVE WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL. 34209** CITY-ST-ZIP TITLE XX Delete X Change ☐ Addition SD NAME QUADERER, DAVID NAME Gurley, Michael STREET ADDRESS 4931 32ND AVE. DR. W. STREET ADDRESS 206 73rd Street NW CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP Bradenton, FL 34209 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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.

SIGNATURE:

Represedent Dohn Vita