

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715125

1. Entity Name

CONQUISTADOR HISTORICAL FOUNDATION, INC.

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

03-04-2000 90019 043 ****61.25

Principal Place of Business

910 3RD AVE W
BRADENTON FL 34205

Mailing Address

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

59-6161989

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 W
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 CD ☒ Delete
NAME VITA, JOHN
STREET ADDRESS 1401 MANATEE AVE W 700
CITY-ST-ZIP BRADENTON FL 34205

TITLE SD ☐ Change ☒ Addition
NAME Willam Russell
STREET ADDRESS 3710 18th Ave. W.
CITY-ST-ZIP Bradenton, FL 34205

TITLE TD ☐ Delete
NAME REAGAM, RONALD P
STREET ADDRESS 6108 CYPRESS CIR
CITY-ST-ZIP BRADENTON FL 34202

TITLE CD ☒ Change ☐ Addition
NAME Reagan
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GURLEY, MICHAEL
STREET ADDRESS 206 73RD ST NW
CITY-ST-ZIP BRADENTON FL 34209

TITLE TD ☒ 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

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:

Reagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 747-1998

Date

Daytime Phone #

CR2E037 (9/99)