2000 UNIFORM BUSINESS REPORT (UBR)

May 02, 2000 8:00 am Secretary of State DOCUMENT # 754625 1. Entity Name EL CONQUISTADOR NEIGHBORHOOD ASSOCIATION, INC. 02-15-2000 90061 001 ****61.25 Principal Place of Business Mailing Address 4005 AVENIDA MADERA 4005 AVENIDA MADERA BRADENTON FL 34210 BRADENTON FL 34210-3736 4UU/11 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2043095 Not Applicable Zip Country Zip Country \$8.75 Additional 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) ROBBINS, CHARLES E. 4005 AVENIDA MADERA **BRADENTON FL 34210** 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition ROBBINS, CHARLES NAME NAME CR2E037 STREET ADDRESS STREET ADDRESS 4005 Avenida Madera CITY-ST-ZIP CITY-ST-7IP BRADENTON, FL 00000 Change Addition TITLE TITLE ☐ Delete NAME HOLLOWAY, EARL NAME STREET ADDRESS 6408 MEADOWLARK LN STREET ADDRESS CHTY-ST-79P CITY-ST-ZIP **BRADENTON, FL 00000** ☐ Change ☐ Addition TITLE Delete TITLE GREENWALD, CAROL NAME NAME 6430 SUN EAGLE LN #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL Change Addition TITLE Delete FIEDLER, JACK John NAME NAME STREET ADDRESS 5915 LA VISTA DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL** 5ec TITLE Change Addition TITLE Delete Brisbane NAME NAME Sharan Conquistador 342 STREET ADDRESS STREET ADDRESS El 3500 CITY-ST-ZIP CITY-ST-ZIP Bradenton Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling does not quality 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 with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR