

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21429

1. Entity Name

E.R. BRADLEY'S, INC.

Principal Place of Business

111 BRADLEY PLACE
PALM BEACH FL 33480

Mailing Address

111 BRADLEY PLACE
PALM BEACH FL 33480-3819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CONIGLIO, FRANK
111 BRADLEY PL.
PALM BCH FL 33480

7. Name and Address of New Registered Agent

Name

CONIGLIO, FRANK S.

Street Address (P.O. Box Number is Not Acceptable)

201 LA PUERTA WAY

City

PALM BEACH

FL

Zip Code

33480

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 date if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/24/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	CONIGLIO, GAIL L	
STREET ADDRESS	111 BRADLEY PLACE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CONIGLIO, DONDR	
STREET ADDRESS	111 BRADLEY PLACE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REALE, MITCHELL L	
STREET ADDRESS	111 BRADLEY PLACE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PEVERINI, JENNIFER C	
STREET ADDRESS	233 ROYAL POINCANWA WAY #2	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CONIGLIO, GAIL L.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/>
NAME	V.P.		
STREET ADDRESS	201 LA PUERTA WAY		
CITY-ST-ZIP	PALM BEACH, FL. 33480		
TITLE	PRES.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/>
NAME	FRANK S. CONIGLIO		
STREET ADDRESS	201 LA PUERTA WAY		
CITY-ST-ZIP	PALM BEACH, FL. 33480		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK S. CONIGLIO

DATE

1/19/00

Daytime Phone #

561-833-35

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90108 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2466119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required