

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81684

1. Entity Name  
NEAL COMMUNITIES AT EL CONQUISTADOR, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90093 025 \*\*\*150.00

Principal Place of Business

C/O THOMASIE BLACKMER  
3711 CORTEZ RD W S300  
BRADENTON FL 34210  
US

Mailing Address

C/O THOMASIE BLACKMER  
3711 CORTEZ RD W S300  
BRADENTON FL 34210  
US

00046709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0064265

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

OLSON, ANN M  
3711 CORTEZ RD W  
SUITE 300  
BRADENTON FL 34210

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME OLSON, ANN M.  
STREET ADDRESS 3711 CORTEZ RD W S300  
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE VDT  
NAME PATRICK K. NEAL  
STREET ADDRESS 3711 CORTEZ RD. W, Suite 300  
CITY-ST-ZIP BRADENTON FL 34210 ☐ Change ☒ Addition

TITLE VDT  
NAME SCHIER, JAMES R.  
STREET ADDRESS 3711 CORTEZ RD W S300  
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME SOCHAR, MARK  
STREET ADDRESS 3711 CORTEZ RD W S300  
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Ann M. Olson ANN M. OLSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

941-756-0677

Daytime Phone #

CR2E034 (10/00)