

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06778

1. Entity Name

THE ROYAL ORDER OF PONCE DE LEON CONQUISTADORS.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90077 006 ****61.25

Principal Place of Business

P.O. BOX 0664
PUNTA GORDA FL 33951
US

Mailing Address

P.O. BOX 0664
PUNTA GORDA FL 33951
US

A0010245



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

59-2644742

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

JOHNSON, DAVID
118 COLONY POINT DR.
PUNTA GORDA FL 33950

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.
David Johnson

(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 ☐ Delete
NAME P
STREET ADDRESS STEVENS, BOB
CITY-ST-ZIP 26113 SEMINOLE LAKES BLVD.
PUNTA GORDA FL 33955

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS STADTLER, NORM
CITY-ST-ZIP 558 MADRID BLVD.
PUNTA GORDA FL 33950

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

TITLE ☐ Delete
NAME T
STREET ADDRESS TRUMAN, GEORGE
CITY-ST-ZIP 12645 S.W. KINGSWAY CIRCLE
LAKE SUZY FL 34266

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

TITLE ☐ Delete
NAME S
STREET ADDRESS MUNSON, STAN
CITY-ST-ZIP 3907 MADRID CT.
PUNTA GORDA FL 33950

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BROTHERTON, HUGH
CITY-ST-ZIP 1980 MICHIGAN AVE.
ENGLEWOOD FL 34224

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ENGER, ROGER
CITY-ST-ZIP 770 KINGFISH CT.
PUNTA GORDA FL 33950

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:

David Johnson
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

1-5-01

941-764-8815

CR2E037 (10/00)