

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002331

1. Entity Name

CONQUER FRAGILE X INC.

Principal Place of Business

222 LAKEVIEW AVE.,STE.930  
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE.,STE.930  
WEST PALM BEACH FL 33401-6148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0910605

Applied For

Not Applicable

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

KOCHMAN, RONALD S  
222 LAKEVIEW AVE.,STE.930  
WEST PALM BEACH FL 33401

Name  
Ronald S. Kochman

Street Address (P.O. Box Number is Not Acceptable)  
222 Lakeview Avenue, Suite 950

City  
West Palm Beach

FL

Zip Code  
33401

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.

Ronald S. Kochman

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
HARRIS HOLLIN  
150 N. OCEAN BLVD  
PALM BEACH, FL 33480

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
ADRIENNE HUSTON GRIFFIN  
2547 LOCHMORE RD.  
W. PALM BEACH, FL 33407

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
LARRY HOLLIN  
2036 ARCH ST.  
PHILA. PA 19103

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
WILLIAM BELL  
3175 CANTERBURY DRIVE  
BOCA RATON, FL 33434

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

ADRIENNE HUSTON GRIFFIN  
ADRIENNE HUSTON GRIFFIN

1/24/2000

(561)842-9217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 02, 2000 8:00 am  
Secretary of State

02-08-2000 90163 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE