

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006640

1. Entity Name

THE DUCKPOND, INC.

Principal Place of Business

Mailing Address

2940-50TH AVE. WEST, #11
BRADENTON FL 34207

2940-50TH AVE. WEST, #11
BRADENTON FL 34207-1755

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

☒ 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

MORELAND, TERRY

2940-50TH AVE. WEST, #11
BRADENTON FL 34207

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BRUCE	
STREET ADDRESS	964 GARY ST.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERCHANT, LARRY	
STREET ADDRESS	3704-35TH AVE. DR. WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, ELIZABETH	
STREET ADDRESS	2940-50TH AVE. WEST, #11	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BRUCE	
STREET ADDRESS	964 GARY ST.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	VICE PRESIDENT (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCHANT, LARRY	
STREET ADDRESS	3704-35TH AVE. DR. W.	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	SECRETARY/TREASURER (S/T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, ELIZABETH	
STREET ADDRESS	2940-50TH AVE. W. #11	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: *Bruce Davis* **BRUCE DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (94)228-3617

Date

Daytime Phone #

CR2E037 (9/99)