FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763352

1. Corporation Name

DOWNTOWN BUSINESS ASSOCIATES OF KISSIMMEE, INC.

Prin	cipal Place	of	Business
201	BROADWA"	Y	

KISSIMMEE FL 34741

Mailing Address 201 BROADWAY KISSIMMEE FL 34741

FILED Mar 02, 1999 8:00 am § Secretary of State

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2. Principal P	face of Business	2a	. Mailing Address				3. Date Incorporated or Qualifer 05/18/1982		t : • ·		-	
Suite, Apt.	#. etc.	201	Suite, Apt. #, etc.				4. FEI Number		Ì	App	lied For	
22	m, 0.0.	27	,				59-2359815	A STORY		Not	Applicable	
City & Stat	e	28	City & State				5. Certificate of Status Desired		\$8.	75 A	Iditional uired	
23 Zip	Country	20		Country	,		6. Election Campaign Financing		¢.	: 00 :	lav Bo	
_					Trust Fund Contribution					\$5.00 May Be Added to Fees		
24 25 29 30				91		_	10. Name and Address of New Registered Agent					
				81	T	Name						
00000					L							
CROSS, C				82	82 Street Address (P.O. Box Number is Not Acceptable)							
201 BRO/	-			83	+							
KISSIMME	E FL 34741			1								
				84	1	City		FL	85	Zip C	ode	
					Ļ		and an authorite this statement for th		- L	na ite r	anistered	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 6 f Flori	317.1508, Florida Statutes ida. Such change was auth	, the above norized by	e-n the	named corp e corporatio	on's board of directors. I hereby acc	e purpose of ept the appoi	ntment	as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons o	f, Section 617.0503, Florid	a Statutes	3.	* ****	•	•				
SIGNATURE												
	Signature, typed or printed name of registered agent				nt si	ignature require	d when reinstating)	DATE	ID DID	FOTO	O IN 43	
12.	OFFICERS AND	DIR		13.			ADDITIONS/CHANGES TO O	FFICERS AN				
TITLE	VP		☐ DELETE	1.1 TITLE					□ Ct	ange	☐ Addition	
NAME	WINDER, MARILYN			1.2 NAME								
STREET ADDRESS	3 S ORLANDO			1.3 STREE	TAD	ODRESS						
CITY-ST-ZIP	KISSIMMEE FL		_	1.4 CITY-S	ST-Z	<u></u>	<u> </u>				,	
TITLE	D		☐ DELETE	2.1 TITLE					☐ Ct	ange	☐ Addition	
NAME	LOWENSTEIN, HARRY		_	2.2 NAME								
STREET ADDRESS	** ***		`	2.3 STREE	TAE	DDRESS						
CiTY-ST-ZiP	KISSIMMEE FL			2. 4 CITY-5	ST-2	71P						
TITLE	D		☐ DELETE	3.1 TITLE					cı	ange	Addition	
NAME	LANIER, TOM			3.2 NAME								
STREET ADDRESS	1 			3.3 STREE	7 47	DORESS						
	KISSIMMEE FL			3.4. CITY-5								
CITY-ST-ZIP TITLE	T T		☐ DELETE	4.1 TITLE	31-1	<u></u>		· <u></u> -	C	nange	Addition	
	CDOSS CEODOS		_ >====================================	4. 2 NAME						J	-	
NAME	CROSS, GEORGE			4.2 NAME		DDDEEC	_					
STREET ADDRESS												
CITY-ST-ZIP	KISSIMMEE FL 34741		☐ DELETE	4.4 CITY-S	51-Z	<u> </u>			ПС	ange	Addition	
TITLE	P		□ peré≀é	5.1 TITLE 5.2 NAME						gv		
NAME	SPRINKLE, BETTE			1	A-	DDDEEC						
STREET ADDRESS			•	5.3 STREE		·						
CITY-ST-ZIP	KISSIMMEE FL			5.4 CITY- S	ST-Z	ZIP			200	10000	Addition	
TITLE	D		DELETE	6.1 TITLE			JEAN Cunning 1 20 w Dativ Ale	MN	A CI	ıanye	☐ MUCHUON	
NAME	PUTNAM, JOEL			6.2 NAME			2012 Datin Ale	_				
STREET ADDRESS	200 BROADWAY			6.3 STREE	T A	DDRESS	10 W JAKO AL	,	<i>,</i>			
CITY-ST-ZIP	KISSIMMEE FL			6.4 CITY-S	ST-Z	ZIP	Rissmace Fi	14 39	474	1		

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 annual report or supplemental annual 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 of the receiver or trustee impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of or an attachment with all other like empowered.

SIGNATURE:

MATURE AND TYPED A PRINTED NAME OF THE ONLY OF THE OFFICER OR DIRECTOR

2/4 /99 407-847-4777 Date Daytime Phone #

CR2E037 (11/98)