

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90480 044 \*\*\*\*61.25

0081801

**DOCUMENT # 763352**

1. Entity Name

**DOWNTOWN BUSINESS ASSOCIATES OF KISSIMMEE, INC.**

Principal Place of Business

**201 BROADWAY  
 KISSIMMEE FL 34741**

Mailing Address

~~201 BROADWAY  
 KISSIMMEE FL 34741~~

**00026757**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. Box 420002**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Kissimmee FL**

4. FEI Number

**59-2359815**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34742 osceda**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PARTEN, LOUISE  
 115E BROADWAY  
 KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **Cunningham, Jean**

Street Address (P.O. Box Number is Not Acceptable)

**20 W Dakin Ave.**

City **Kissimmee**

**FL**

Zip Code **34741**

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

**Jean Cunningham / Treas.**

**2/22/01**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>WINDER, MARILYN</b>	
STREET ADDRESS	<b>3 S ORLANDO</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>LOWENSTEIN, HARRY</b>	
STREET ADDRESS	<b>26 BROADWAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>LANIER, TOM</b>	
STREET ADDRESS	<b>412 W EMMETT ST</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>CROSS, GEORGE</b>	
STREET ADDRESS	<b>201 BROADWAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>SPRINKLE, BETTE</b>	
STREET ADDRESS	<b>23 EAST BROADWAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, JEAN</b>	
STREET ADDRESS	<b>20 W DAKIN AVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Schmitt, Thomas</b>	
STREET ADDRESS	<b>815 Emmett St.</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barnes, Vince</b>	
STREET ADDRESS	<b>22 Broadway</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sexton, Danny</b>	
STREET ADDRESS	<b>1213 W. Oak Street</b>	
CITY-ST-ZIP	<b>Kissimmee FL 34741</b>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cunningham, Jean</b>	
STREET ADDRESS	<b>20 W Dakin Ave</b>	
CITY-ST-ZIP	<b>Kissimmee FL 34741</b>	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Akins, Nancy</b>	
STREET ADDRESS	<b>211 Broadway</b>	
CITY-ST-ZIP	<b>Kissimmee FL 34741</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Putman, Jo-el</b>	
STREET ADDRESS	<b>200 Broadway</b>	
CITY-ST-ZIP	<b>Kissimmee FL 34741</b>	

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:

**SIGNATURE REQUIRED**

**2/22/01**

**407.846.2322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)