

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90407 027 \*\*\*\*61.25

**DOCUMENT # 763352**

1. Entity Name

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

Principal Place of Business

Mailing Address

**201 BROADWAY  
 KISSIMMEE FL 34741**

**P O BOX 420002  
 KISSIMMEE FL 34742**

**833974**



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 **59-2359815**

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

**CUNNINGHAM, JEAN  
 20 W DAKIN AVE  
 KISSIMMEE FL 34741**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHMITT, THOMAS	
STREET ADDRESS	815 EMMETT ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, VINCE	
STREET ADDRESS	22 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, DANNY	
STREET ADDRESS	1213 W OAK STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	T	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JEAN	
STREET ADDRESS	20 W DAKIN AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	P	<input type="checkbox"/> Delete
NAME	ADKINS, NANCY	
STREET ADDRESS	211 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUTNAN, JO-EL	
STREET ADDRESS	200 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL 34741	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director Susan Blevin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	108 Church St	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	Director Benny Stephens	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	106 Broadway	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	Director Jerry Gemakie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2510 Jane + St	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	Director Mike Trim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2008 Monument Ave	
CITY-ST-ZIP	Kissimmee FL 34741	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

407-846-4113

Daytime Phone #

CR2E037 (9/01)