

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90040 013 ****61.25

DOCUMENT # N00000001505

1. Entity Name

DOWNTOWN BLUES ALLIANCE OF THE TREASURE COAST, I NC.

Principal Place of Business

Mailing Address

PO BOX 3804
 FT. PIERCE FL 34948

PO BOX 3804
 FT. PIERCE FL 34948

507437



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

65-1068275

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

RYALS, SCOTT G ESQ.
512 SCOTT 2ND. STREET
FT. PIERCE FL 34950

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	D	<input checked="" type="checkbox"/> Delete
NAME	DAUGHTRY, CARMEN	
STREET ADDRESS	1712 PONCE DE LEON PRADO	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERN, MELVIN	
STREET ADDRESS	2418 ATLANTIC BEACH BLVD.	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREFELNER, R. DALE	
STREET ADDRESS	1502 SE GURLEY CT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PINKIOWSKI, JOSEPH	
STREET ADDRESS	1712 PONCE DE LEON PRADO	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITH, RON	
STREET ADDRESS	1201 FLEETWOOD LANE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, PAT	
STREET ADDRESS	968 SE BROWNING	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

TITLE	BOARD OF DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON GRIFFITH	
STREET ADDRESS	1201 FLEETWOOD LANE	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	BOARD OF DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH PINKIOWSKI	
STREET ADDRESS	1712 PONCE DE LEON PRADO	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	BOARD OF DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE FELDMAN	
STREET ADDRESS	108 N. DELDOT DR.	
CITY-ST-ZIP	FT. PIERCE (FLA) 34950	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER M. LAURO	
STREET ADDRESS	1202 SW JACQUELINE AVE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34953	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE LEV	
STREET ADDRESS	9168 S. US 1	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL SMITH	
STREET ADDRESS	274 FAIRWAY DR.	
CITY-ST-ZIP	FT. PIERCE, FL 34982	

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: *Peter M. Lauro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER M. LAURO 2/27/02 337-4700 (551)

Date

Daytime Phone #

CR2E037 (9/01)