

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91360 036 ****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 PO BOX 3804
FT. PIERCE FL 34948 FT. PIERCE FL 34948

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 **65-1068275** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD GRIFFITH, RON 1201 FLEETWOOD FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD PINKIOWSKY, JOSEPH 1712 PONCE DE LEON PRADO FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD FELDMAN, DAVE 148 N DEPOT DR FORT PIERCE FL 34950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LAURO, PETER 5308 NUTTNER CIR 1202 SW JACQUELINE AVE PORT SAINT LUCIE FL 34983	<input type="checkbox"/> Delete (OR)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVY, STEVE 9168 US 1 PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete (OR)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CAROL 2714 FAIRWAY DR FORT PIERCE FL 34982	<input type="checkbox"/> Delete (OR)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS ELAINE ROMANO 1903 ROYAL PALM DR FT PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD PHIL MOSENBURG 2714 FAIRWAY DR FT PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD PATTI GAMBLE 1415 SE DITCHER LA PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD VERN MELVIN 2418 ATLANTIC BEACH BLVD FT PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD DARRYL BEY 1025 KENTUCKY AVE FT. PIERCE, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD COOKIE MARIANO 1180 SE DEPOT LA PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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. Jayco* **PETER M. JAYCO** 4/1/03 359-3817

CR2E037 (10/02)