2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001200

1. Entity Name

DOWNTOWN MELBOURNE ASSOCIATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90928 046 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 754 MELBOURNE FL 32902-0754	P.O. BOX 754 MELBOURNE FL 32902-0754

DO NOT WRITE IN THIS SPACE

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 59-3196047 ☐ Applied For ☐ Not Applicable

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
KOSTRO, VICTOR S 1825 RIVERVIEW DRIVE MELBOURNE FL 32901	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOBASSO, CAROL 804 E. NEW HAVEN AVENUE MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BINAI, EDWARD 1900 S. HARBOR CITY BLVD MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTT, RICHARD 2311 ST. ANDREWS CIRCLE MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, ERNEST 640 E. NEW HAVEN AVENUE MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GAUGER, YVETTE 2415 S. HARBOR CITY BLVD MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPP CARPENTER, DEBBIE 1901 S. HARBOR CITY BLVD MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TODD, CAROL SUE 2419 S. HARBOR CITY BLVD MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OLIVEIRA-JACKSON, PAMELA 2015 S. WAVERLY PL MELBOURNE, FL 32901	☐ Change ☒ Addition

CR2E037 (9/99)

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 CAROL LOBASSO 4/28/00 321-725-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #