2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
04-23-2001 90191 037 ****61.25

DOCUMENT # N93000001200

1. Entity Name

DOWNTOWN MELBOURNE ASSOCIATION, INC.

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

[redacted]

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOBASSO, CAROL 804 E. NEW HAVEN AVENUE MELBOURNE FL 32901	☒ Delete	TITLE P D NAME STREET ADDRESS CITY-ST-ZIP	P Michael C. Melhado 131-A Third Avenue Indialantic, FL 32903 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BINAI, EDWARD 1900 S. HARBOR CITY BLVD. MELBOURNE FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stacy Baker Palm BAY 1833 Thomasville FL 32901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTT, RICHARD 2311 ST. ANDREWS CIRCLE MELBOURNE FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christopher Cecilione 8426 Mizell Dr. Viera FL 32940 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YVETTE, GAUGER 2415 SHARBOR CITY BLVD MELBOURNE FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TGERALDINE SMITH 400 RIOCASA Dr S. INDIALANTIC, FL 32903 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAROLSUE, TODD 2419 S HARBOR CITY BLVD MELBOURNE FL 32901	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SIDNEY S. LILLYCROP 700 ATLANTIS RD. #206 MELB. FLA. 32901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OLIVEIRA-JACKSON, PAMELA 2015 S WAVERLY PL MELBOURNE FL 32901	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GERALD J. FASANELLA 928 E. NEWHAVEN AVE. MELBOURNE, FL 32901 ☐ Change ☒ Addition

CR2E037 (10/00)

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: Michael C. Melhado Michael C. Melhado President 1/5/01 321-724-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #