FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 17, 2001 8:00 am Secretary of State DOCUMENT # N9400005131 1. Entity Name -17-2001 90005 004 \*\*\*\*61 25 DOWNTOWN VERO BEACH ASSOCIATION, INC. Principal Place of Business Mailing Address 2145 14TH AVE PO BOX 6253 40027697 VERO 8CH. FL 32961-6253 SUITE 14 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0446755 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) O'BRIEN, DENNIS COFRUS FINANCIAL CENTER, STE 301 1717 INDIAN RIVER BLVD Zip Code VERO BEACH FL 32960 FL 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** After September 12, 2001, min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (5/04) TITLE TITLE ☐ Change Addition Delete MILT THOMAS NAME HEDIN, KARL NAME GLENVIEW TETTACE **CR2E037** STREET ADDRESS 3003 CARDINAL DR STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Vero BEACH PL 32962 TITLE Delete TITLE Peter Jones NAME TRAUTMAN, MARY ANN NAME 2125 WINDWARD WAY STREET ADDRESS 835 ROYAL PALM BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VUO BEACH FL 32963 VERO BEACH FL 32960 Addition TITLE Delete TITLE Change SHERRY Cook BRESSETT, R. NAME NAME 636 41 + AUR STREET ADDRESS 1445 28TH AVE. STREET ADDRESS CITY-ST-ZIP VERO BCH. FL 32960 CITY-ST-ZIP Vero Beach FL 3296B Delete Addition TITLE TIBE Change FRANY CHANDLER REAMY, H.J III NAME NAME 21st Street STREET ADDRESS 1696 20TH PLACE SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 32960 TITLE ☐ Delete TITLE Change Addition A WRIE KANED MILT THOUGHS NAME NAME 802 Fiddlewood KOAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Áddition TITLE ☐ Delete TITLE Change Rick MELCHIORI, 2145 14th Ale, Ste 24 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VETO BEACH FL 32960

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:

7/1001

561-234-3950

2001 UNIFORM BUSINESS REPORT (UBR)							Across					
DOCUMENT # N9400005131 1. Entity Name					1	Dadla	5000	n P	ı			
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Principal Plac	ce of Business	<u> </u>	Mailing Address		**				!			
2145 14TH AVE SUITE 14 VERO BEACH FL 32960 US			PO BOX 6253 VERO BCH. FL 32961-6253									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number	65-0446755		<del></del> -	pplied For ot Applicable	
Zip	Country		Zip Cou		ntry	5. Certificate of Status C		tatus Desired	\$8.75 Additional Fee Required		ditional	
	6. Name	and Address of Curren	t Registered Agent	gistered Agent			7. Name and Add	dress of New Re	<u> </u>			
O'BRIEN, DENNIS COPRUS FINANCIAL CENTER, STE 301					Name Street Address (P.O. Box Number is Not Acceptable)							
1717 INDIAN RIVER BLVD VERO BEACH FL 32960				City				FL Zip Code				
SIGNATURE .	Signature, typed (	submits this statement or printed name of registered age	for the purpose of changing its rent and title if applicable.  (NOTE:	Registered	I Agent signat	ure required	when reinstating)	Mak	DATE e Check f			
		2001, min. will be \$	a de la composição de l	ntribution 11.	on.		Added to Fees	2. 2444.10分钟	partment	Mary Ch		
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indicated of the cor	on this report poration or the	or supplemental report e receiver or trustee emp	th this filing does not qualify for t is true and accurate and that my powered to execute this report a , with all other like empowered.	/ signati	ure shall h	ave the s	ame legal effect as	if made under oa	ath that Lam	an officer	or director	

SIGNATURE

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DOWNT	OWN VERO BEACH ASSOCI	ATION, INC.			1 ##	THU				
Principal Plac	e of Business	Mailing Address			1 110		1			
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2. Principal P	lace of Business	3. Mailing Address								,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SPA	ACE.		
City & State	9	City & State			4. FEI Number 65-0446755 Applied For Not Applied					]
Zip	Country	Zip	Country		5. Certificate of S	\$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	Name		7. Name and Add	iress of New R	egistered Age	ent		-
O'BRIEN, DENNIS COFRUS FINANCIAL CENTER, STE 301				Street Address (P.O. Box Number is Not Acceptable)						
1717 INDI	IAN RIVER BLVD ACH FL 32960		City	City			FL Zip Code			1
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office	or registe	red agent, or both, ir	the state of Flo	1	<u></u>		1
J						;				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Posistered Appet sig		Luban rainetation)		DATE		<del></del>	
	Signature, typed or printed marrie or registered agent	and mile ii approable. (NOTE I	Registered Agent sig	natore required	s when reinstating)	The Seamer was s	CONTRACT AFE	C 1237°64	REAL AND D.	-
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SIGNATURE: