2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am DOCUMENT # N99000004427 **Secretary of State** 1. Entity Name DOWNTOWN STREET PARTIES, INC. 02-20-2001 90049 010 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 164 32 E. MAGNOLIA SUITE 2 EUSTIS FL 32726 EUSTIS FL 32727-0164 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3588903 Not Applicable Zip Country Žiρ Country **\$8.75** Additional 5. Certificate of Status Desired П 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) RUDD, CHARLES 32 E. MAGNOLIA SUITE 2 EUSTIS FL 32726 Zip Code City 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. X Change ☐ Addition Delete TITLE TITLE DP SEMENTO, LAWRENCE J NAME NAME Danny McManus 531 N. BAY ST. STREET ADDRESS STREET ADDRESS 350 Lakeshore Drive CITY-ST-7IP CITY-ST-ZIP EUSTIS FL 32726 Eustis, FL 32726 TITLE DT Delete TITLE Change **X** Addition DT NAME PAUL, RICHARD A NAME Richard Bock STREET ADDRESS 429 E. MAGNOLIA AVE STREET ADDRESS 42 E. Magnolia Avenue CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 Eustis, FL 32726 Delete TITLE ☐ Change X Addition TITLE NAME MCMANUS, DANNY NAME Robert Cameron STREET ADDRESS 950 CEDAR AVE. STREET ADDRESS 40 w. Pendleton Avenue CITY-ST-ZIP CITY-ST-ZIP **TAVARES FL 32778** Eustis, FL 32726 ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP