

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

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

04-28-2003 90126 008 ****61.25

DOCUMENT # N99000004427

1. Entity Name
DOWNTOWN STREET PARTIES, INC.



Principal Place of Business Mailing Address

32 E. MAGNOLIA SUITE 2 **POST OFFICE BOX 164**
EUSTIS FL 32726 **EUSTIS FL 32727-0164**

2. Principal Place of Business 3. Mailing Address

40 S. Dewey Street Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1 Suite, Apt. #, etc.

City & State City & State

Eustis, Florida City & State

Zip Country Zip Country

32726 **U.S.A.** Zip Country

4. FEI Number **59-3588903** Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RUDD, CHARLES
32 E. MAGNOLIA SUITE 2
EUSTIS FL 32726

7. Name and Address of New Registered Agent


Name **Charles Rudd**

Street Address (P.O. Box Number is Not Acceptable)
40 S. Dewey Street

Suite **1**

City **Eustis,** FL Zip Code **32726**

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  **Program Manager** **4/23/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BUXMAN, JOHN	
STREET ADDRESS	1465 EUSTIS ROAD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BOCK, RICHARD	
STREET ADDRESS	42 E. MAGNOLIA AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FORBES, TINA	
STREET ADDRESS	33 TOWNHILL DRIVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Bock	
STREET ADDRESS	42 E. Magnolia Avenue	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tina Forbes	
STREET ADDRESS	33 Townhill Drive	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharron Semento	
STREET ADDRESS	22 Cypress Drive	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

4-23-03

CR2E037 (10/02)