

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11098

1. Entity Name

SEBRING MAIN STREET, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90098 003 ****61.25

Principal Place of Business 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-1243	Mailing Address 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-1243
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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 59-2626645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOMMER, NICHOLAS G.
329 S. COMMERCE AVENUE
SEBRING FL 33870

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MEDER, JOHN
STREET ADDRESS	2105 LK JOSEPHINE DRIVE
CITY-ST-ZIP	SEBRING FL 33872
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	HENDERSON, JOEL
STREET ADDRESS	4023 SUN-N-LAKE BLVD
CITY-ST-ZIP	SEBRING FL 33870
TITLE	TD <input type="checkbox"/> Delete
NAME	PELLA, PATRICIA S
STREET ADDRESS	136 S. RIDGEWOOD DR.
CITY-ST-ZIP	SEBRING FL
TITLE	D <input type="checkbox"/> Delete
NAME	CROWDER, CRAIG
STREET ADDRESS	228 N. RIDGEWOOD DR.
CITY-ST-ZIP	SEBRING FL
TITLE	PD <input type="checkbox"/> Delete
NAME	CLARK, JOHN
STREET ADDRESS	327 SE LAKEVIEW DRIVE
CITY-ST-ZIP	SEBRING FL 33870
TITLE	VD <input type="checkbox"/> Delete
NAME	HAMRIC, MIKE
STREET ADDRESS	2824 US 27 SOUTH
CITY-ST-ZIP	SEBRING FL 33870

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerilyn Hammon
STREET ADDRESS	P.O. Drawer 2066
CITY-ST-ZIP	Sebring, FL 33871-2066
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Ford Smith
STREET ADDRESS	2300 Country Club Rd.
CITY-ST-ZIP	Sebring, FL 33872
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)(l), 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]* **INDIA CROWDER** 1/25/00 (863) 385-5437
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #