

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **750015**

1. Entity Name

**DOWNTOWN BUSINESS & PROFESSIONAL ASSOCIATION OF**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90012 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

100 S BEACH ST  
POST OFFICE BOX 1107  
DAYTONA BEACH FL 32115  
US

100 S BEACH ST  
POST OFFICE BOX 1107  
DAYTONA BEACH FL 32115-1107  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1991936**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SEITZ, WILLIAM M**  
**100 S BEACH STREET**  
**SUIT E210**  
**DAYTONA BEACH FL 32114**

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	<b>D</b> <b>WHISENANT, TOM</b> <b>180 COUNTRY CLUB DR</b> <b>ORMOND BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LINN, MIKE</b> <b>126 W INTERNATIONAL SPEEDWAY BLVD</b> <b>DAYTONA BCH FL 32114</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>LYNN, JUSTIS</b> <b>146 ORANGE AVE</b> <b>DAYTONA FL 32114</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SMITH, AL J</b> <b>154 S BEACH ST</b> <b>DAYTONA BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SEITZ, WILLIAM M</b> <b>100 S BEACH STREET STE 210</b> <b>DAYTONA BCH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>COBB, SHERI</b> <b>299 BILL FRANCE BLVD</b> <b>DAYTONA BEACH FL 32114</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Sheri Cobb</b> <b>299 Bill France Blvd.</b> <b>Daytona Beach, FL 32114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Tom Leek</b> <b>150 Magnolia Ave</b> <b>Daytona Beach, FL 32114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Mario Espin</b> <b>125 Basil St.</b> <b>Daytona Beach, FL 32114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>AL Smith Jr.</b> <b>154 S. Beach St.</b> <b>Daytona Beach, FL 32114</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gail Camputaro / Director</b> <b>160 N. Beach St.</b> <b>Daytona Beach, FL 32114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Andrew HAM</b> <b>100 S. Beach St. Ste 210</b> <b>Daytona Beach, FL 32114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. HAM**

**4/19/00**

**904-258**  
**8972**

Date

Daytime Phone

CR2E037 (9/99)