2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 750015** 1. Entity Name DOWNTOWN BUSINESS & PROFESSIONAL ASSOCIATION OF Principal Place of Business Mailing Address 100 S BEACH ST 100 S BEACH ST POST OFFICE BOX 1107 POST OFFICE BOX 1107 DAYTONA BEACH FL 32115 DAYTONA BEACH FL 32115 2. Principal Place of Business 3. Mailing Address BEACH BEACH Suite, Apt. #, etc. Suite, Apt. #, etc. 210 UITE SUITE City & State 4. FEI Number City & State BEACH 59-1991936 TONA TONA Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Box Number is Not Acceptable) SEITZ, WILLIAM M 100 S BEACH STREET 210 SUIT E210 **DAYTONA BEACH FL 32114** s statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named ntity submits DIKEBR FRANK DEMARCHI SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees FEE IS \$61.25

☐ Delete

FILED Feb 20, 2001 8:00 am Secretary of State

02-20-2001 90076 017 ****61 25



Addition TITLE Delete TITLE Tom LINN. MIKE NAME NAME 150 MAGNOLIA 126 W INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL 32114 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ESPIN, MARIO NAME NAME STREET ADDRESS 125 BASIN ST STREET ADDRESS CITY-ST-ZIE DAYTONA BEACH FL 32114 CITY-ST-ZIE ☐ Addition PD Change ☐ Delete TITLE TITLE SMITH, AL J NAME NAME 154 S BEACH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL CITY-ST-ZIP IRECTOR ☐ Change Addition **⊠** Delete TITLE TITLE STEMBERGER MARIO CAMPUTARO, GAIL NAME NAME 110 S. BEACH 160 N BEACH ST STREET ADDRESS STREET ADDRESS DANTONA BEACH, FL CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 Addition Change TD ☐ Delete TITLE TITLE COBB. SHERI NAME NAME 299 BILL FRANCE BLVD STREET ADDRESS STREET ADDRESS

11.

TITLE

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

10.

NAME

STREET ADDRESS

CITY-ST-ZIP

COBB, SHERI

299 BILL FRANCE BLVD

DAYTONA BEACH FL 32114

DAYTONA BEACH FL 32114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICERS AND DIRECTORS

1 4/01 904-872-3272 Dayling Phone #