

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90479 001 \*\*\*122.50

**DOCUMENT # 750015**

1. Entity Name

**DOWNTOWN BUSINESS & PROFESSIONAL ASSOCIATION OF  
DAYTONA BEACH, INC.**

Principal Place of Business

100 S BEACH ST  
SUITE 210  
DAYTONA BEACH FL 32114  
US

Mailing Address

100 S BEACH ST  
SUITE 210  
DAYTONA BEACH FL 32114  
US

2. Principal Place of Business

111 W. INTERNATIONAL SPEEDWAY BLVD

Suite, Apt. #, etc.

101

City & State

DAYTONA BEACH, FL.

Zip  
32114

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

Daytona Beach Partnership

111 W West Int'l Speedway Blvd.

Daytona Beach, FL 32114

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1991936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEMARCHI, FRANK  
100 S BEACH STREET  
SUITE E210  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: PALMETTO - CHARTER SERVICES, INC  
Street Address (P.O. Box Number is Not Acceptable): 150 MAGNOLIA AVE  
DAYTONA BEACH  
City: DAYTONA BEACH FL Zip Code: 32114

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COBB, SHERI 120 S RIDGEWOOD AVE DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEEK, TOM 150 MAGNOLIA AVE DAYTONA BCH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESPIN, MARIO 125 BASIN ST DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, AL J 154 S BEACH ST DAYTONA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEMBERGER, MARIO 110 S BEACH ST DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBB, SHERI 120 S RIDGEWOOD AVE DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COBB, SHERI 120 S. RIDGEWOOD AVE DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEEK, TOM 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LLOYD, JAMES 354 N. BEACH ST DAYTONA BEACH, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEWART, JAMIE 250 N. BEACH ST DAYTONA BEACH, FL 32114	<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

Date

Daytime Phone #

CR2E037 (9/01)