

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90001 022 \*\*\*150.00

**DOCUMENT # H82159**

1. Entity Name

**MAIN STREET ASSOCIATES, INC.**

Principal Place of Business

**430 MAIN STREET  
WINDERMERE FL 34786-7528  
US**

Mailing Address

**430 MAIN STREET  
WINDERMERE FL 34786-7528  
US**

2. Principal Place of Business

**401 MAIN ST.**

Suite, Apt. #, etc.

**Suite B**

City & State

**WINDERMERE FL**

Zip

**34786**

Country

**USA**

3. Mailing Address

**401 MAIN ST.**

Suite, Apt. #, etc.

**Suite B**

City & State

**WINDERMERE FL**

Zip

**34786**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2592786**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BLACK, JUDY  
430 MAIN STREET  
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

**MAIN Street ASSOCIATES, INC**

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

**401 MAIN ST. Suite B**

City

**WINDERMERE,**

**FL**

Zip Code

**34786**

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

**Judy Black** **JUDY BLACK PRESIDENT**

**1/02/01**

Signature typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PV</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, JUDY</b>	
STREET ADDRESS	<b>430 MAIN ST</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, JUDY</b>	
STREET ADDRESS	<b>430 MAIN STREET</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786-7528</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>401 MAIN ST. Suite B</b>	
STREET ADDRESS	<b>WINDERMERE, FL 34786</b>	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>401 MAIN ST. Suite B</b>	
STREET ADDRESS	<b>WINDERMERE, FL 34786</b>	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Judy Black** **JUDY BLACK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/02/01 407-876-2090**

CR2E034 (10/00)