

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90029 039 \*\*\*\*61.25

0012170

DOCUMENT # **N00000001892**

1. Entity Name  
**NORTH DOWNTOWN NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 1003 ST. PETERSBURG FL 33731**

**U0074111**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3652446</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Not Applicable
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>BAKER, TIMOTHY J 350 2ND. STREET NORTH, UNIT 16 ST. PETERSBURG FL 33701</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 12, 2001, min. will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALSEN, ROBERT</b> <b>130 4TH AVE. NORTH, #501</b> <b>ST. PETERSBURG FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLEN BROCKWAY N #3</b> <b>301 2ND STREET N #3</b> <b>ST PETERSBURG FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BAKER, TIMOTHY J</b> <b>350 2ND STREET NORTH, #16</b> <b>ST. PETERSBURG FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEBBIE RIDDELL</b> <b>701 MIRROR LAKE DR #314</b> <b>ST. PETERSBURG FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRENNAN, JIM</b> <b>701 MIRROR LAKE DR., #304</b> <b>ST. PETERSBURG FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAM STOKES</b> <b>301 2ND STREET N #18</b> <b>ST. PETERSBURG FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, BOBBI</b> <b>701 MIRROR LAKE DR., #304</b> <b>ST. PETERSBURG FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVE EGBERT</b> <b>350 2ND ST N #4</b> <b>ST PETERSBURG FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CEASAR, RICK</b> <b>701 MIRROR LAKE DR., #304</b> <b>ST. PETERSBURG FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTY WILLIAMS</b> <b>116 4TH AVE NE</b> <b>ST PETERSBURG FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLEMMONS, TIM</b> <b>106 FAREHAM PLACE NORTH</b> <b>ST. PETERSBURG FL 33701</b>	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.

SIGNATURE: SIGNATURE REQUIRED 7/20/01 727 894 8206

CR2E037 (5/01)