

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90017 040 \*\*\*\*61.25

**DOCUMENT # N00000002145**

1. Entity Name

**IT'S HAPPENING DOWNTOWN, INC.**

Principal Place of Business

~~423 NORTH SCENIC HWY.~~ **18 W. PARK AVE**  
**LAKE WALES FL 33853**

Mailing Address

**P.O. BOX 89**  
**LAKE WALES FL 33859-0089**

2. Principal Place of Business

**18 W. PARK AVE**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LAKE WALES, FL**

City & State

4. FEI Number

**59-3643696**

Applied For

Not Applicable

Zip

**33853**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONNORS, ROBERT**

~~423 NORTH SCENIC HWY.~~  
**LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name

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

**18 WEST PARK AVE**

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**

**After September 12, 2001, min. will be \$236.25**

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 **PD** ☐ Delete  
NAME **CONNORS, ROBERT**  
STREET ADDRESS **3311 HARBOR BEACH DR.**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VD** ☒ Delete  
NAME **HADDEN, JACK**  
STREET ADDRESS **125 EAST PARK AVE.**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **SD** ☒ Delete  
NAME **PADGETT, KIM**  
STREET ADDRESS **113 EAST PARK AVE.**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **TD** ☐ Delete  
NAME **PADGETT, SARAH**  
STREET ADDRESS **113 EAST PARK AVE.**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete  
NAME **BEAR, GARY**  
STREET ADDRESS **203 E. STUART AVE.**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete  
NAME **MAYER, MAX**  
STREET ADDRESS **201 E. STUART AVE.**  
CITY-ST-ZIP **LAKE WALES FL 33853**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition  
NAME **BENEDICT, GERALD**  
STREET ADDRESS **208 E. STUART AVE**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **SD** ☒ Change ☒ Addition  
NAME **TYLER, MARY**  
STREET ADDRESS **247 E. PARK AVE.**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **TD** ☒ Change ☐ Addition  
NAME **PADGETT, SARAH**  
STREET ADDRESS **247 E. PARK AVE**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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**

CR2E037 (5/01)