

# 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.~~  
 LAKE WALES FL 33853

Mailing Address

**18 W. PARK AVE**  
 P.O. BOX 89  
 LAKE WALES FL 33859-0089

**LUU73011**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**18 W. PARK AVE**

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

*Robert Connors*

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	<input type="checkbox"/> Delete
NAME	CONNORS, ROBERT	
STREET ADDRESS	3311 HARBOR BEACH DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HADDEN, JACK	
STREET ADDRESS	125 EAST PARK AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, KIM	
STREET ADDRESS	113 EAST PARK AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PADGETT, SARAH	
STREET ADDRESS	113 EAST PARK AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAR, GARY	
STREET ADDRESS	203 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENEDICT, GERALD	
STREET ADDRESS	208 E. STUART AVE	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYLER, MARY	
STREET ADDRESS	247 E. PARK AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, SARAH	
STREET ADDRESS	247 E. PARK AVE	
CITY-ST-ZIP	LAKE WALES, FL 33853	
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		

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:

*Robert Connors*  
**SIGNATURE REQUIRED**

CR2E037 (5/01)