

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90049 008 ****61.25

DOCUMENT # N00000006057

1. Entity Name

DOWNTOWN PROMOTIONS, INC.

Principal Place of Business

Mailing Address

32 E. MAGNOLIA, STE. 2
EUSTIS FL 32726

P.O. BOX 164
EUSTIS FL 32727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3670627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEMENTO, LAWRENCE J
531 NORTH BAY ST.
EUSTIS FL 32726

Name

Charles Ross

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

32 E. Magnolia Ave

Suite 2

City

Eustis

FL

Zip Code

32726

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

Charles Ross

2/13/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME DP
STREET ADDRESS Danny McManus
CITY-ST-ZIP 350 Lakeshore Drive
Eustis, FL 32726 ☐ Delete

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

TITLE DT
NAME Richard Bock
STREET ADDRESS 42 E. Magnolia Avenue
CITY-ST-ZIP Eustis, FL 32726 ☐ Delete

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

TITLE DS
NAME Robert Cameron
STREET ADDRESS 40 W. Pendleton Avenue
CITY-ST-ZIP Eustis, FL 32726 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

Danny McManus
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-01 352-357-2411

CR2E037 (10/00)