

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90198 019 ****61.25

DOCUMENT # N05007

1. Entity Name

DOWNTOWN DEVELOPMENT CORPORATION OF BROOKSVILLE, INC.



Principal Place of Business

**11 NORTH MAIN STREET
BROOKSVILLE FL 34601**

Mailing Address

**11 NORTH MAIN STREET
BROOKSVILLE FL 34601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2599028**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NORMAN, JENNENE T
20 SOUTH BROAD STREET
BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name

ROBERT BUCKNER

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

11 N. MAIN STREET

BROOKSVILLE

City

FL

Zip Code

34601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | NORMAN, JENNENE T 20 SOUTH BROAD STREET BROOKSVILLE FL 34601 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TD | GARY, MARY BETH 18 NORTH BROAD STREET BROOKSVILLE FL 34601 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| SD | WEVER, LAURA 100 NORTH BROOKSVILLE AVENUE BROOKSVILLE FL 34601 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| D | BUCKNER, ROBERT 11 NORTH MAIN STREET BROOKSVILLE FL 34601 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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:

NOTARIZATION REQUIRED

2/19/03

352-796-1444

CR2E037 (10/02)