

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N06385**

1. Entity Name

DOWNTOWN BARTOW, INCORPORATED

Principal Place of Business

**100 E MAIN ST
BARTOW FL 33830
US**

Mailing Address

**P O BOX 1351
BARTOW FL 33831-1351
US**

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

59-2618876

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

**JORDAN, MARY C
100 E MAIN ST
BARTOW FL 33830**

Name

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

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	PD	<input type="checkbox"/> Delete
NAME	GUFFEY, KAREN	
STREET ADDRESS	125 E MAIN ST	
CITY-ST-ZIP	BARTOW FL 33830	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, GARY	
STREET ADDRESS	600 N BROADWAY AVE	
CITY-ST-ZIP	BARTOW FL	

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Driesler	
STREET ADDRESS	140 S. Woodlawn Ave.	
CITY-ST-ZIP	Bartow, FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BREWER, DAVID	
STREET ADDRESS	125 S CENTRAL AVE	
CITY-ST-ZIP	BARTOW FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, ANGIE	
STREET ADDRESS	55 E STANFORD ST	
CITY-ST-ZIP	BARTOW FL 33830	

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMANN, DAVID	
STREET ADDRESS	310 E DAVIDSON	
CITY-ST-ZIP	BARTOW FL	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Hanson	
STREET ADDRESS	135 S. Central Ave.	
CITY-ST-ZIP	Bartow, FL	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRITT, SUE	
STREET ADDRESS	1375 N. BROADWAY AVE	
CITY-ST-ZIP	BARTOW FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Clark	
STREET ADDRESS	2200 Osprey Blvd.	
CITY-ST-ZIP	Bartow, FL	

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:

Sue Hanson, Pres. 2/14/00

533-1365

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90028 030 ****61.25

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DO NOT WRITE IN THIS SPACE