

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

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

04-21-2003 90340 006 ****61.25

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
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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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

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

TITLE: **TD** ☒ Delete
NAME: **GUFFEY, KAREN**
STREET ADDRESS: **125 E MAIN ST**
CITY-ST-ZIP: **BARTOW FL 33830**

TITLE: **VD** ☐ Delete
NAME: **SOTO, RICK**
STREET ADDRESS: **415 E. MAIN ST.**
CITY-ST-ZIP: **BARTOW FL 33830**

TITLE: **SD** ☐ Delete
NAME: **STASIAK, ANITA**
STREET ADDRESS: **600 N. BROADWAY AVE.**
CITY-ST-ZIP: **BARTOW FL 33830**

TITLE: **D** ☐ Delete
NAME: **CLARK, ANGIE**
STREET ADDRESS: **55 E STANFORD ST**
CITY-ST-ZIP: **BARTOW FL 33830**

TITLE: **D** ☒ Delete
NAME: **COOK, JAMES**
STREET ADDRESS: **1375 N. BROADWAY AVE.**
CITY-ST-ZIP: **BARTOW FL 33830**

TITLE: **PD** ☒ Delete
NAME: **CLARK, JEFF**
STREET ADDRESS: **62 4TH ST. NW**
CITY-ST-ZIP: **WINTER HAVEN FL 33881**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **T/D** ☐ Change ☒ Addition
NAME: **Earley, Sandra**
STREET ADDRESS: **1415 S. Hibiscus Dr.**
CITY-ST-ZIP: **Bartow, FL 33830**

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

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

TITLE: **P/D** ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: **555 E. Stanford St.**
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Change ☒ Addition
NAME: **Alvarez, John**
STREET ADDRESS: **195 E. Main St.**
CITY-ST-ZIP: **Bartow, FL 33830**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Daniels, Jennifer**
STREET ADDRESS: **1470 US Hwy. 17 S.**
CITY-ST-ZIP: **Bartow, FL 33830**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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]

4/15/03

863-533-2393

CR2E037 (10/02)

Attachment #

D
Henry, Susan
840 E. Church St.
Bartow, FL 33830

90097445

N06385

D
Holcomb, Linda
290 S. Florida Ave.
Bartow, FL 33830

D
James, John
330 Old Winter Haven Rd.
Bartow, FL 33830

D
McLaughlin, Missy
365 E. Main St.
Bartow, FL 33830

D
Peters, B. J.
835 E. Church St.
Bartow, FL 33830

D
Tamayo, Marni
680 E. Stanford St.
Bartow, FL 33830