

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90038 033 ****61.25

DOCUMENT # N11098

1. Entity Name

SEBRING MAIN STREET, INC.

Principal Place of Business

Mailing Address

**219 NORTH RIDGEWOOD DRIVE
P.O. BOX 1243
SEBRING FL 33871-1243**

**219 NORTH RIDGEWOOD DRIVE
P.O. BOX 1243
SEBRING FL 33871-1243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2626645

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOMMER, NICHOLAS G.
329 S. COMMERCE AVENUE
SEBRING FL 33870**

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	TD	<input type="checkbox"/> Delete
NAME	PELLA, PATRICIA S	
STREET ADDRESS	136 S. RIDGEWOOD DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWDER, CRAIG	
STREET ADDRESS	228 N. RIDGEWOOD DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, JOHN	
STREET ADDRESS	327 SE LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAMRIC, MIKE	
STREET ADDRESS	2824 US 27 SOUTH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nichols, Gary	
STREET ADDRESS	2824 US 27 South	
CITY-ST-ZIP	Sebring, Florida 33870	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02
Date

Daytime Phone # _____

CR2E037 (9/01)