

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23795

1. Entity Name

MAIN STREET FORT PIERCE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90174 047 ****61.25

Principal Place of Business

106 SOUTH DEPOT DR.
FT PIERCE FL 34950

Mailing Address

106 SOUTH DEPOT DR.
FT PIERCE FL 34950-4325

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

59-2879654

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

TILLMAN, DORIS
131 N 2ND ST
SUITE 211
FORT PIERCE FL 34950

Name Tillman, Doris
Street Address (P.O. Box Number is Not Acceptable)
106 South Depot Drive
City Fort Pierce FL Zip Code 34950

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

Doris D. Tillman

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 NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDS, TOM P O BOX 3191 N/A FT. PIERCE FL 34948	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEBMAN, SYDNEY 100 AVE A B-1 FORT PIERCE FL 34950	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEY, PAT 2211 OKEECHOBEE RD FT PIERCE FL 34950	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, JIM 2211 OKEECHOBEE RD FT PIERCE FL 34950	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEY, PAT 8211 OKEECHOBEE RD. FT. PIERCE FL 34950	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, JIM 2211 OKEECHOBEE RD. FT. PIERCE FL 34950	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Kavanaugh, Gail 6560 S. Federal Hwy. Port St. Lucie, FL 34952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Cully, Pam P.O. Box 2405 Ft. Pierce, FL 34954	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ingle, Nancy P.O. Box 1480 Ft. Pierce, FL 34954	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Parker, Kris Harbor Federal Savings Bank 100 South Second Street Ft. Pierce, FL 34950	☐ Change ☒ 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:

JOHN P. RICHARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)