

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23795

1. Entity Name

MAIN STREET FORT PIERCE, INC.

Principal Place of Business

106 SOUTH DEPOT DR.  
FT PIERCE FL 34950

Mailing Address

106 SOUTH DEPOT DR.  
FT PIERCE FL 34950

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  
106 SOUTH DEPOT DR  
FORT PIERCE FL 34950

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 DT  
NAME RAVANAUGH, GAIL  
STREET ADDRESS 6560 S FEDERAL HWY  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952 ☐ Delete

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

TITLE DS  
NAME CULLY, PAM  
STREET ADDRESS P O BOX 2405  
CITY-ST-ZIP FORT PIERCE FL 34954 ☐ Delete

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

TITLE PD  
NAME INGLE, NANCY  
STREET ADDRESS P O BOX 1480  
CITY-ST-ZIP FT PIERCE FL 34954 ☐ Delete

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

TITLE VD  
NAME PARKER, KINS  
STREET ADDRESS HFSB/100 SOUTH SECOND ST  
CITY-ST-ZIP FT PIERCE FL 34950 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

Doris D. Tillman  
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris D. TILLMAN 4-25-01

Date

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90028 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

561-466-3880