

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23795

1. Entity Name

MAIN STREET FORT PIERCE, INC.

Principal Place of Business

Mailing Address

106 SOUTH DEPOT DR.
FT PIERCE FL 34950

106 SOUTH DEPOT DR.
FT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

Main Street Fort Pierce, Inc

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210 South Depot Drive

←

City & State

City & State

Fort Pierce, FL

Fort Pierce, FL

Zip

Country

Zip

Country

34950

St. Lucie

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 Tillman, Doris

Street Address (P.O. Box Number is Not Acceptable)

210 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 DORIS D. Tillman Manager 4-30-02

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 President DP
NAME Pamela Cully
STREET ADDRESS P.O. Box 2405
CITY-ST-ZIP Fort Pierce, FL 34954 ☐ Change ☒ Addition

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

TITLE Vice President DV
NAME Anne Satterlee
STREET ADDRESS P.O. Box 1480
CITY-ST-ZIP Fort Pierce, FL 34954 ☐ Change ☒ Addition

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

TITLE Secretary DS
NAME Carolyn Leonard
STREET ADDRESS 1825 Park Lane
CITY-ST-ZIP Fort Pierce, FL 34945 ☐ Change ☒ Addition

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

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (712) 460-2200

Date

Daytime Phone #

FILED

Jul 11, 2002 8:00 am
Secretary of State

05-27-2002 90385 016 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)