

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90146 025 \*\*\*\*70.00

**DOCUMENT # N30755**

1. Entity Name

**THE DOWNTOWN CORPS, INC.**

Principal Place of Business

ONE TAMPA CITY CENTER  
 #1724  
 TAMPA FL 33602  
 US

Mailing Address

ONE TAMPA CITY CENTER  
 #1724  
 TAMPA FL 33602  
 US

42891

2. Principal Place of Business

100 E Madison St  
 Suite, Apt. #, etc.  
 #100

3. Mailing Address

918 W. Kennedy Blvd  
 Suite, Apt. #, etc.  
 #132

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33602

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-2976396

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLOAR, JAMES A  
 ONE TAMPA CITY CENTER  
 #1724  
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name  
 Donamiae Clinebell  
 Street Address (P.O. Box Number is Not Acceptable)  
 100 S Ashley Drive  
 St 1270  
 City  
 Tampa FL Zip Code  
 33602

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONCRIEF, LEE 201 E KENNEDY BLVD., #1800 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MACARTHUR, DEBORAH 100 E. MADISON ST., #100 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOAR, JAMES A ONE TAMPA CITY CENTER, TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angela Trelease President 100 E Madison St #100 Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Finance Donamiae Clinebell 100 S Ashley Dr St 1270 Tampa FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Community Affairs Leigh Sherrin 502 S Fremont Ave Tampa FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Membership Teri Flemming One Progress Plaza The Floor St Pet, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 207-0000

CR2E037 (9/01)