

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36531

1. Entity Name

DOWNTOWN ACTION CORPORATION OF LAKE CITY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90024 002 ****61.25

Principal Place of Business

Mailing Address

124 N. MARION ST
 LAKE CITY FL 32055
 US

124 N. MARION ST
 LAKE CITY FL 32055-3931
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2986339

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

7. Name and Address of New Registered Agent

BUSSCHER, CYNTHIA
 201 N. MARION ST SUITE 301
 LAKE CITY FL 32055

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	COLE, JOHN	P O BOX 1359 N/A	LAKE CITY FL	PD	Denise Mears	124 N Marion St	Lake City FL 32055
<input checked="" type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	BUSSCHER, CYNTHIA	201 N. MARION ST SUITE 301	LAKE CITY FL 32055				
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	RICHARDSON, PERLEY	P. O. BOX 1814 N/A	LAKE CITY FL	D	mike Nail	Rt 15 Box 3066	Lake City FL 32024
<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D	RUPPERT, KURT	134 N MARION ST	LAKE CITY FL 32055				
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	MEARS, DENISE	124 N MARION ST	LAKE CITY FL 32055	D	Harvey Campbell	PO Box 1847	Lake City FL 32056
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

904-755-9665

Daytime Phone #

CR2E037 (9/99)