

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90016 034 ****70.00

DOCUMENT # N92000000707

1. Entity Name

TOWNCENTER AGENCY, INC.

Principal Place of Business

C/O CITY OF ATLANTIC BEACH
 800 SEMINOLE ROAD
 ATLANTIC BEACH FL 32233
 US

Mailing Address

C/O CITY OF ATLANTIC BEACH
 800 SEMINOLE ROAD
 ATLANTIC BEACH FL 32233
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3158509

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLETCHER, LYMAN T
541 E. MONROE STREET
JACKSONVILLE FL 32202

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

N/A

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	D SCHIEGG, RENE ONE OCEAN BLVD ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENNIE, JANICE 1839 SEMINOLE ROAD ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, DEB 363 ATLANTIC BLVD ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMON, PAT 1977 SEMINOLE ROAD ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, AMY 204 FLORIDA BLVD NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KENNY, ELAINE 1301 W. NEPTUNE GROVE NEPTUNE BEACH FL 32266	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIL FALOON 1717 Beach Ave ATLANTIC, Beach FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYMAN T. Fletcher Pres D. 541 E. Monroe St JACKSONVILLE, FL 32222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. SUSAN KING 1493 COLINA CT ATLANTIC Bch, FL 32233	<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	VPD PAISY Bishop 544 OCEAN BLVD ATLANTIC Bch 32233	<input checked="" type="checkbox"/> Change <input checked="" 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: *[Handwritten Signature]*

4/30/01 (904) 353 7733

CR2E037 (10/00)