2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300000671

1. Entity Name

THE DOWNTOWN PALM HARBOR MERCHANTS' ASSOCIATION INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90135 020 ****61.25

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Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Appl Not.	ied For Applicablonal
City & State Country Country Country 5. Certificate of Status Desired \$8.75 Addit Fee Required 5. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent KLEIN, LESLEY 1219 FLORIDA AVENUE PALM HARBOR FL 34683 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. I am familiar with, ar the obligations of registered agent. SIGNATURE Signature triand or printed name of registered agent and still inapplicable. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees Make Check Payable to Florida Department of St Florida Department of St Florida Department of St Street Address City-S1-2ip 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE PD	Applicable on all acceptions of acceptance o
Zip Country Zip Country 5. Certificate of Status Desired	Applicable on all acceptions of acceptance o
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, at the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature regulated when reinstating) Date Make Check Payable to Florida Department of St. TITLE NAME HITT. DON T 1210 NEBRASKA CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP AMAE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP Delete TITLE TI	nd accep
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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 directron 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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