

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

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90810 035 ****70.00

DOCUMENT # N93000003769

1. Entity Name

MAIN STREET ZEPHYRHILLS, INC.

DO NOT WRITE IN THIS SPACE

B0126616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5224 7th Street Suite, Apt. #, etc. n/a City & State Zephyrhills, Florida Zip 33542 Country USA		3. Mailing Address 5224 7th Street Suite, Apt. #, etc. n/a City & State Zephyrhills, Florida Zip 33542 Country USA		4. FEI Number 59-3192201 Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cynthia M. Craig	
Street Address (P.O. Box Number is Not Acceptable) 5224 7th Street	
City Zephyrhills,	FL Zip Code 33542

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 *Cynthia M. Craig* **DATE** 6-14-02
Signature of registered agent and if applicable, (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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	President Terry Linville 4622 Gall Blvd. Zephyrhills, Florida 33542	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Robin Ringeisen 38440 5th Avenue Zephyrhills, FL 33542	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Beverly Jones 39068 Citadel Circle Zephyrhills, FL 33542	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Henson 5315 8th Street Zephyrhills, FL 33542	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bobbie McLeod 38458 6th Avenue Zephyrhills, FL 33542	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly A. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 6/14/02 **813-780-0002**
Daytime Phone #

CR2E037B (12/01)