

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90024 015 \*\*\*\*61.25

**DOCUMENT # N93000004150**

1. Entity Name  
**SANFORD MAIN STREET, INC.**

Principal Place of Business

102 PARK AVENUE  
 SANFORD FL 32771  
 US

Mailing Address

P O BOX 1741  
 SANFORD FL 32772  
 US

**910986**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**209 B W. 1st St**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1741**

Suite, Apt. #, etc.

City & State

**SANFORD FL**

City & State

**SANFORD FL**

4. FEI Number

**59-3191854**

Applied For

Not Applicable

Zip

**32771**

Country

**U.S.**

Zip

**32772**

Country

**U.S.**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERRELL, CAREY**  
**200 WOODS TRAIL**  
**SANFORD FL 32771**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERRELL, CAREY	
STREET ADDRESS	200 WOODS TRAIL	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALTEMESE, MATTHEW	
STREET ADDRESS	117 MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOUSE, KIM	
STREET ADDRESS	1105 OAK AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FITZGERALD, BERNARD	
STREET ADDRESS	201 E 1ST STREET	
CITY-ST-ZIP	SANFORD FL 32772-1788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB KUHN	
STREET ADDRESS	313 PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL LOR	
STREET ADDRESS	812 MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-19-01**

CR2E037 (10/00)