


**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90498 039 \*\*\*\*61.25

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

**DOCUMENT # N93000004150**

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



Principal Place of Business      Mailing Address

**230 E. FIRST STREET  
 SANFORD FL 32771  
 US**

**P O BOX 1741  
 SANFORD FL 32772  
 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3191854**      Applied For  
 Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KAHN, ROBERT  
 313 PALMETTO AVE  
 SANFORD FL 32771**


7. Name and Address of New Registered Agent

NAME **Bill Kirchhoff**

Street Address (P.O. Box Number is Not Acceptable)  
**2044 Hibiscus Court**

City **Sanford**      FL      Zip Code **32771**

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, and accept the obligations of registered agent.

SIGNATURE       DATE **13 January 2003**

Signature, typed or printed name of registered agent, add file if applicable.      (NOTE: Registered Agent signatures required when reappointing)      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 Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KUHN, ROBERT	
STREET ADDRESS	313 PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	THEN, ALEC	
STREET ADDRESS	1019 MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOWELL, GARY	
STREET ADDRESS	121 N. SUMMERLIN	<i>STAYS THE SAME</i>
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KUHN, LINDA	
STREET ADDRESS	313 PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL 32771	
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	(D) President (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Kirchhoff	
STREET ADDRESS	P.O. Box 1741 OR 2044 Hibiscus Ct	
CITY-ST-ZIP	Sanford FL 32772 Sanford FL 32771	
TITLE	(D) Vice-President (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Dunn	
STREET ADDRESS	201 N. MAPLE AVE	
CITY-ST-ZIP	Sanford FL 32771	
TITLE	(D) SECRETARY (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Wainburg	
STREET ADDRESS	1101 E. 1st Street	
CITY-ST-ZIP	Sanford FL 32771	
TITLE	(D) TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY LOWELL	
STREET ADDRESS	121 N. SUMMERLIN	
CITY-ST-ZIP	SANFORD, FL. 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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 817, 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:       DATE **13 January 2003**      407-322-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2037 (10/02)