

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90127 039 ****61.25

DOCUMENT # N94000002524

1. Entity Name

DOWNDRIIFT COALITION, INC.



Principal Place of Business

**12396 NORTH A1A
 VERO BEACH FL 32963**

Mailing Address

**12396 NORTH A1A
 VERO BEACH FL 32963**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3254504**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRUCE, ROBERT E
 12396 NORTH A1A
 VERO BEACH FL 32963**

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
 After September 12, 2001, min. will be \$236.25**

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	PVST	<input type="checkbox"/> Delete
NAME	BRUCE, ROBERT E	
STREET ADDRESS	12396 NORTH A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCE, ROBERT E	
STREET ADDRESS	12396 NORTH A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHATA, ANDY	
STREET ADDRESS	1400 WILLOW BROOK ST.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, TOM	
STREET ADDRESS	2200 SANDERLING LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLYNN, BILL	
STREET ADDRESS	1802 BAREFOOT PLACE	
CITY-ST-ZIP	VERO BEACH FL 32963	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

Robert E. Bruce (Robert E. Bruce) 7/6/01 (561) 589-7996

CR2E037 (5/01)