

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002782

1. Entity Name

SAFETY HARBOR DOWNTOWN BUSINESS ASSOCIATION, INC

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90013 048 ****61.25

Principal Place of Business

Mailing Address

630 SECOND STREET, SOUTH
SAFETY HARBOR FL 34695

P. O. BOX 585
SAFETY HARBOR FL 34695-0585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3319699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGNER, FLOYD III
630 SECOND STREET, SO
SAFETY HARBOR FL 34695

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TD
STREET ADDRESS SUBY, SUE
CITY-ST-ZIP 630 SECOND ST S
SAFETY HARBOR FL

TITLE ☒ Change ☐ Addition
NAME KIMBERLY DORSETT
STREET ADDRESS 601 MAIN ST.
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS FLOYD EGNER
CITY-ST-ZIP 630 SECOND ST, S
SAFETY HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS CHARYL SANTUCCI
CITY-ST-ZIP 2461 SECOND ST N
SAFETY HARBOR FL

TITLE ☒ Change ☐ Addition
NAME EMILY GOLDEN
STREET ADDRESS 231 MAIN ST.
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS GOLDEN, EMILY
CITY-ST-ZIP 231 MAIN ST
SAFETY HARBOR FL

TITLE ☒ Change ☐ Addition
NAME SUE SUBY
STREET ADDRESS 630 SECOND STS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS THORNBURG, DON
CITY-ST-ZIP 344 MAIN ST
SAFETY HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS TOM TRIESTE
CITY-ST-ZIP 552 MAIN ST.
SAFETY HARBOR FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 727-725-5345

CR2E037 (9/99)