DOCU 1. Entity Nam			FILED May 02, 2000 8:00 am Secretary of State					
SEBRING	G DOWNTOWN MERCHANTS	s and professional	. ASSO		05-02-2000 90054			
Principal Place of Business Ma		Mailing Address	Mailing Address					
129 SOUTH COMMERCE AVENUE SEBRING FL 33870		POST OFFICE BOX 1322 SEBRING FL 33871-1322						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number				
Zip Country		Zip Country		<u> </u>	59-1861882 Not Applicable   5. Certificate of Status Desired \$8.75   Fee Required			
	6. Name and Address of Current	t Registered Agent	<u> </u>	7. Name and Add	iress of New Registere			
	0. Name and Address of Ourion						<u> </u>	
MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVENUE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
SEBRING		City			F	L Zip Coo	e	
9 The should	e named entity submits this statement f	ior the purpose of changing its		istered agent or both in	the state of Florida			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered Agent signature re		DATE			
FILE NOW: . FEE IS \$61.25 . FEE IS \$61.25			× _ ¥	5.00 May Be dded to Fees	-	nt of State		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANC	ES TO OFFICERS AND		N 10	
TITLE	VD	Delete	TITLE			📋 Change	Addition	
NAME	LINZER, DIANA		NAME STREET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	246 N COMMERCE AVE SEBRING FL 33870		CITY-ST-ZIP					
TITLE	SD	B Delete				Change	Addition	
NAME	BELL, ROSE H	E-9 Delete	NAME				- {	
STREET ADDRESS	1831 SE LAKEVIEW DR		STREET ADDRESS				•· -	
TITLE	SEBRING FL 33870	Delete	TITLE	<u>.</u>		Change	Addition	
NAME STREET ADDRESS	SHOEMAKER, JANICE M 305 SOUTH CIRCLE		NAME STREET ADDRESS					
CITY - ST-ZIP	SEBRING FL 33870		01TV 07 710	ESIDENT		<u></u>		
TITLE	P	🞾 Delete	TITLE	Richard	P. Banis	Change	🔁 Addition	
NAME	WILK, PATRICIA		NAME	221 S.Co	mmerce Al	R		
STREET ADDRESS	139 N RIDGEWOOD DR SEBRING FL 33870		STREET ADDRESS CITY-ST-ZIP	Sebring, F	L 33870			
CITY-ST-ZIP				inector	· · · · · · · · · · · · · · · · · · ·	<b>17</b> 01-040	Addition	
TITLE		🗂 Delete	TITLE 🔑	Do to	IA I D	🔀 Change		
TITLE		LI Delete		UILK, Patr	ICIA Dewood DR	<b>N</b> Change	/	
TITLE NAME STREET ADDRESS		Li Delete	NAME STREET ADDRESS CITY-ST-ZIP	NILK, Patr 139 N.Rida	P. Banis mmerce AL L 33870 icin ewood DR 7 23870	- Cnange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME U STREET ADDRESS CITY-ST-ZIP	NILK, Patu 139 N.Rida Sebring, 1	ELIA ELIASU DR Z 33870	Change	Addition	
TITLE NAME STREET ADDRESS		Li Delete	GITT-ST-ZIF	NILK, Patu 139 N.Rida Sebring, 1	ELIA ELVOOD DR Z 33870		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS	NILK, Patu 139 N.Rida Sebring, 1	ELLA ELLOSON DR Z 33870		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.   hereby	certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated page innature shall bare	in Section 119.07(3)(i), F	lorida Statutes. I further o	Change	information or director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby findicated of the con-	certify that the information supplied will d on this report or supplemental report poration or the receiver or trustee emp l, or on an attachment with an address,	Delete th this filing does not qualify for is true and accurate and that n owered to execute this report with all other like empoyered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated page innature shall bare	in Section 119.07(3)(i), F the same legal effect as r 617, Florida Statutes; a	lorida Statutes. I further o	Change	information or director	