

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 95000003381*

1. Entity Name

Sebring Downtown Merchants + Professional Association, Inc.

Principal Place of Business

*129 S. Commerce Ave
Sebring, FL 33870*

Mailing Address

*P.O. Box 1322
Sebring, FL 33870-1322*

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

59-1861882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

626033

6. Name and Address of Current Registered Agent

*McCollum, James F.
129 South Commerce Ave
Sebring, FL 33870*

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 *P* NAME *Banis, Richard P* ☒ Delete
STREET ADDRESS *221 S. Commerce Ave*
CITY-ST-ZIP

TITLE *VD* NAME *LINZER, Diana* ☒ Delete
STREET ADDRESS *246 N. Commerce A.*
CITY-ST-ZIP

TITLE *TD* NAME *Shoemaker, Janice M.* ☐ Delete
STREET ADDRESS *305 S. Circle*
CITY-ST-ZIP *Sebring, FL 33870*

TITLE *Director* NAME *WILK, Patricia* ☒ Delete
STREET ADDRESS *139 N. Ridgewood Ave*
CITY-ST-ZIP *Sebring, FL 33870*

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *P* NAME *James M. Rimer* ☐ Change ☒ Addition
STREET ADDRESS *207 S. Circle*
CITY-ST-ZIP *Sebring, FL 33870*

TITLE *VD* NAME *mehling, Yvette* ☐ Change ☒ Addition
STREET ADDRESS *207 S. Circle*
CITY-ST-ZIP *Sebring, FL 33870*

TITLE *SD* NAME *Banis, Richard P.* ☒ Change ☐ Addition
STREET ADDRESS *221 S. Commerce Ave.*
CITY-ST-ZIP *Sebring, FL 33870*

TITLE *Director* NAME *JOHN SBIEGAY* ☐ Change ☒ Addition
STREET ADDRESS *253 MINI Ranch Rd.*
CITY-ST-ZIP *Sebring, FL 33870*

TITLE *Director* NAME *Morris, Terrill* ☐ Change ☒ Addition
STREET ADDRESS *307 S. Commerce Ave*
CITY-ST-ZIP *Sebring, FL 33870*

TITLE *Director* NAME *Williams, Pepper* ☐ Change ☒ Addition
STREET ADDRESS *102 Cooper Rd*
CITY-ST-ZIP *Sebring, FL 33870*

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 #

2/16/01 863/385-8642

CR2E037 (11/00)