

**2004 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90055 007 \*\*\*\*61.25

**DOCUMENT # N95000003381**

1. Entity Name  
**SEBRING DOWNTOWN MERCHANTS AND  
PROFESSIONAL ASSOCIATION, INC.**



Principal Place of Business  
129 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870

Mailing Address  
POST OFFICE BOX 1322  
SEBRING, FL 33871-1322

44003044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1861882

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F  
129 SOUTH COMMERCE AVENUE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Initial or Amended UBR**

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 SD ☒ Delete  
NAME CLOGSTON, CAROL  
STREET ADDRESS 116 N RIDGEWOOD DR  
CITY-ST-ZIP SEBRING, FL 33870

TITLE TD ☐ Delete  
NAME GERHART, TERESA W  
STREET ADDRESS 300 N. CIRCLE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE V ☐ Delete  
NAME VIERA, ROBERT  
STREET ADDRESS N. RIDGEWOOD DR.  
CITY-ST-ZIP SEBRING, FL 33870

TITLE P ☒ Delete  
NAME WILLIAMS, JUSTIN  
STREET ADDRESS 139 W CENTER AVE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE D ☐ Delete  
NAME MORRIS, TERRILL  
STREET ADDRESS 307 S. COMMERCE AVE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE D ☐ Delete  
NAME COUGHLIN, PETER  
STREET ADDRESS 3750 US NORTH STE1  
CITY-ST-ZIP SEBRING, FL 33870

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME Viera, Robert  
STREET ADDRESS 116 N. Ridgewood Dr.  
CITY-ST-ZIP Sebring, Fl. 33870

TITLE V ☐ Change ☒ Addition  
NAME Butler, Lucas  
STREET ADDRESS 106 N. Ridgewood Dr., Sebring, FL  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME Hirsh, Diana  
STREET ADDRESS 131 N. Ridgewood Dr.  
CITY-ST-ZIP Sebring, Fl. 33870

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

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

TITLE ☐ Change ☐ 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: Teresa W. Gerhart Teresa W. Gerhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/04 (863) 385-8850  
Date Daytime Phone #

CR2E037 (10/02)