

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90235 034 \*\*\*\*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**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOLLUM, JAMES F  
129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870**

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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLOGSTON, ROBERT D	
STREET ADDRESS	116 N RIDGEWOOD DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAEGE, BARBARA	
STREET ADDRESS	1207 CORVETTE AVE.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, ALLISON	
STREET ADDRESS	300 N CIR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, JUSTIN	
STREET ADDRESS	139 W CENTER AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, TERRILL	
STREET ADDRESS	307 S. COMMERCE AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUGHLIN, PETER	
STREET ADDRESS	3750 US NORTH STE1	
CITY-ST-ZIP	SEBRING FL 33870	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Justin	
STREET ADDRESS	139 W. Center Ave.	
CITY-ST-ZIP	Sebring, FL. 33870	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clogston, Carol	
STREET ADDRESS	116 N. Ridgewood Dr.	
CITY-ST-ZIP	Sebring, FL. 33870	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerhart, Teresa W.	
STREET ADDRESS	300 N. Circle	
CITY-ST-ZIP	Sebring, FL. 33870	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Viera, Robert	
STREET ADDRESS	N. Ridgewood Dr.	
CITY-ST-ZIP	Sebring, FL. 33870	
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: *Teresa W. Gerhart*

*3/20/03 (863) 385-8850*

CR2E037 (10/02)