

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 08:00 AM
Secretary of State

DOCUMENT # N96000000832

1. Entity Name
 THE DOME DISTRICT BUSINESS ASSOCIATION, INC.

Principal Place of Business 1750 CENTRAL AVE ST PETERSBURG 33712	FL	Mailing Address 1750 CENTRAL AVE ST PETERSBURG 33712	FL
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2. Principal Place of Business 20 18TH STREET SOUTH	3. Mailing Address 20 18TH STREET SOUTH
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
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Zip 33712	Country	Zip 33712	Country
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4. FEI Number 59-3443388	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BONSEY RICHARD
1750 CENTRAL AVE
ST PETERSBURG FL 33712 US

7. Name and Address of New Registered Agent

Name
HAMM CHARLES
Street Address (P.O. Box Number is Not Acceptable)
20 18TH STREET SOUTH
City
ST PETERSBURG FL Zip Code
33712

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 CHARLES T. HAMM DATE 09/12/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON MARK 1320 CENTRAL AVE. ST PETERSBURG FL 33705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMM CHARLES 20 18TH ST S ST PETERSBURG FL 33712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWNS BETTIE L 6177 6TH AVE. N. ST PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN JOHN 1124 CENTRAL AVE. ST PETERSBURG FL 33705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCANLAN WILLIAM J 1720 CENTRAL AVE ST PETERSBURG FL 33712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURRAN LESLIE 1620 1ST AVENUE NORTH ST PETERSBURG FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.