

**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

Mailing Address

1750 CENTRAL AVE

1750 CENTRAL AVE

ST PETERSBURG

FL

ST PETERSBURG

FL

33712

33712

2. Principal Place of Business

20 18TH STREET SOUTH

3. Mailing Address

20 18TH STREET SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

ST PETERSBURG

FL

City &amp; State

ST PETERSBURG

FL

Zip

33712

Country

Zip

33712

Country

4. FEI Number

59-3443388

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 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**

09/12/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FERGUSON MARK	1320 CENTRAL AVE.	ST PETERSBURG FL 33705	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	HAMM CHARLES	20 18TH ST S	ST PETERSBURG FL 33712	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	DOWNS BETTIE L	6177 6TH AVE. N.	ST PETERSBURG FL 33710	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	WARREN JOHN	1124 CENTRAL AVE.	ST PETERSBURG FL 33705	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SCANLAN WILLIAM J	1720 CENTRAL AVE	ST PETERSBURG FL 33712	

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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CURRAN LESLIE	1620 1ST AVENUE NORTH	ST PETERSBURG FL 33713		

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.