2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2001 8:00 am Secretary of State DOCUMENT # N9600004759 1. Entity Name THE DOWNTOWN LAKE WORTH MERCHANTS ASSOCIATION, I 04-09-2001 90060 006 ****61 25 Principal Place of Business Mailing Address P.O. BOX 822 P.O. BOX 822 LAKE WORTH FL 33460 LAKE WORTH FL 33460 60043245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0689649 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCLELLING, MICHAEL Street Address (P.Q. Box Number is Not Acceptable) 10 SOUTH J ST. Avenue LAKE WORTH FL 33460 City 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. SIGNATUAE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ρD ☐ Change Addition PD Delete TITLE Brian Murray 617 Lake Avenue SCHELLING, M. NAME NAME STREET ADDRESS 10 S. J. ST. STREET ADDRESS 3346O CITY-ST-7IP Lake Worth CITY-ST-ZIP LAKE WORTH FL 33460 D Change **★**Addition **VPD** Delete TITLE TITLE David Rudnitskas WOLFE, ROLAND NAME NAME 704 Lucerne Avenue STREET ADDRESS STREET ADDRESS 25 S. J. ST. CITY-ST-ZIP CITY-ST-ZIP ake Worth - FL. LAKE WORTH FL 33460 SD Jaime Dellamano Addition Change TD TITLE Delete TITLE CLORE, C. NAME NAME STREET ADDRESS STREET ADDRESS North J 409 LAKE AVE. CITY-ST-ZIP CITY-ST-ZIP LAKE NORTH FL 33460 -ake Worth ☐ Delete Change X Addition TITLE TITLE Lynda Mahoney NAME NAME STREET ADDRESS 807 Lake Avenue STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

with all other like empowered.