

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005232

1. Entity Name

DOWNTOWN BUSINESS ASSOCIATION OF FORT PIERCE, IN

Principal Place of Business

100 AVE. A. STE. A. BOX 127  
FORT PIERCE FL 34950

Mailing Address

100 AVE. A. STE. A. BOX 127  
FORT PIERCE FL 34950-4426

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RYALS, SCOTT G  
200 S. INDIAN RIVER DR., STE. 305  
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name Scott G. Ryals, Esquire

Street Address (P.O. Box Number is Not Acceptable)

512 S. 2nd Street

City Fort Pierce

FL

Zip Code  
34950

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

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 PD  
NAME FISHER, EDWARD ☐ Delete  
STREET ADDRESS 100 AVENUE A, STE A, BOX 127  
CITY-ST-ZIP FT PIERCE FL 34950

TITLE VPD  
NAME HADDOCK, BETSY ☐ Delete  
STREET ADDRESS 100 AVENUE A STE A, BOX 127  
CITY-ST-ZIP FT PIERCE FL 34950

TITLE SD  
NAME MINARDI, MERRILY ☐ Delete  
STREET ADDRESS 100 AVENUE A, STE A, BOX 127  
CITY-ST-ZIP FT PIERCE FL 34950

TITLE TD  
NAME DAVENPORT, R L ☐ Delete  
STREET ADDRESS 100 AVENUE A, STE A, BOX 127  
CITY-ST-ZIP FT PIERCE FL 34950

TITLE D  
NAME VANNESSE, SANDY ☐ Delete  
STREET ADDRESS 100 AVENUE A, SUITE A, BOX 127  
CITY-ST-ZIP FT PIERCE FL 34950

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD ☒ Change ☐ Addition  
NAME Janet Mosley  
STREET ADDRESS 608 S. U.S.Hwy. 1 Ft.Pierce, FL  
CITY-ST-ZIP 34950

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90047 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE