

# 2001 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

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

NOT APPLICABLE

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

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE President  
NAME Hans Kraaz ☐ Change ☒ Addition  
STREET ADDRESS 100 Avenue A, Ste A  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE Secretary  
NAME Jo Pyle ☐ Change ☒ Addition  
STREET ADDRESS 100 Avenue A, Ste A  
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 Treasurer  
NAME Cindy McCall ☐ Change ☒ Addition  
STREET ADDRESS 100 Avenue A, Ste A  
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 Director  
NAME Mel Lieberman ☐ Change ☒ Addition  
STREET ADDRESS 100 Avenue A, Suite A  
CITY-ST-ZIP Ft. Pierce FL 34950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0082975

FILED  
Feb 16, 2001 8:00 am  
Secretary of State

02-16-2001 90024 036 \*\*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE