

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90040 048 ****61.25

DOCUMENT # N97000005232

1. Entity Name

DOWNTOWN BUSINESS ASSOCIATION OF FORT PIERCE, IN
C.

Principal Place of Business

Mailing Address

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

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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 P ☒ Delete
NAME KRAAZ, HANS
STREET ADDRESS 100 AVE A STE A
CITY-ST-ZIP FT PIERCE FL 34950

TITLE Pres. ☐ Change ☒ Addition
NAME HEAD, RUFUS
STREET ADDRESS 100 Ave A Ste A
CITY-ST-ZIP Ft Pierce, FL 34950

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

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

TITLE S ☐ Delete
NAME PYE, JO
STREET ADDRESS 100 AVE A STE A
CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE T ☒ Delete
NAME MCCALL, CINDY
STREET ADDRESS 100 AVE A STE A
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE T ☐ Change ☒ Addition
NAME Wilkins, Barbara
STREET ADDRESS 100 Ave A Ste A
CITY-ST-ZIP Ft Pierce, FL 34950

TITLE D ☐ Delete
NAME LIEBMAN, MEL
STREET ADDRESS 100 AVE A STE A
CITY-ST-ZIP FT. PIERCE FL 34950

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

TITLE ☐ Delete
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 561.468.2328

CR2E037 (9/01)