

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000004354**
 1. Entity Name **DANIA BEACH MAIN STREET INC.**

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-24-2000 90188 035 ****61.25

Principal Place of Business Mailing Address
P.O. Box 1398
DANIA BEACH, FL., 33004

2. Principal Place of Business
SAME AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0859750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MR. JAMES J. STOODLEY
100 W. DANIA BEACH BLVD.
DANIA BEACH, FL., 33004

7. Name and Address of New Registered Agent

MR. JEFFREY W. WALTER
100 W. DANIA BEACH BLVD.

City **DANIA BEACH**

FL

Zip Code

33004

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 **Jeffrey W. Walter**
 Signed, in hand or printed name of registered agent and title, if applicable

Jeffrey W. WALTER

6/20/00

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE NOW

\$8.75

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	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	☐ 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:

Dick Lohman, Sec'y.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-00

Date

954-922-5647

Daytime Phone #

CR2E037 (9/99)