

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004354

1. Entity Name

DANIA BEACH MAIN STREET, INC.

Principal Place of Business

PO BOX 1398  
DANIA FL 33004

Mailing Address

PO BOX 1398  
DANIA FL 33004

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 65-0859750

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTER, MR JEFFREY W  
100 W DANIA BEACH BLVD  
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOODLEY, JIM 2801 N. 38 AVENUE HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOHL, BENJAMIN 25 N FEDERAL HWY DANIA FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVENPORT, JAN 599 S FEDERAL HWY DANIA FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRIST-MORAL, CAROL 26 N. FEDERAL HIGHWAY DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMAN, DICK 3 N. FEDERAL HIGHWAY DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAY, RICK 215 N. FEDERAL HIGHWAY DANIA FL 33304	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HART, PATTY SITING 2ND PLACE DANIA, FL., 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTER, JEFF 100 W. DANIA BLVD. DANIA, FL., 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, BOB 4801 S. UNIV. DR. #248 DANIA, FL., 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMAN, DICK 3 N. FEDERAL HWY. DANIA, FL., 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICK SEAY 215 N. FEDERAL HWY DANIA, FL., 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: DICK LEHMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01 (954) 924-3627

Date

Daytime Phone #

CR2E037 (10/00)

0031883

FILED  
Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90012 016 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE