

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**  
 03-06-2001 90012 016 \*\*\*\*70.00

0031883

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

Principal Place of Business <b>PO BOX 1398 DANIA FL 33004</b>	Mailing Address <b>PO BOX 1398 DANIA FL 33004</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0859750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> STOODLEY, JIM 2801 N. 38 AVENUE HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> WOHL, BENJAMIN 25 N FEDERAL HWY DANIA FL 33004 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> DAVENPORT, JAN 599 S FEDERAL HWY DANIA FL 33004 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CHRIST-MORAL, CAROL 26 N. FEDERAL HIGHWAY DANIA FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LEHMAN, DICK 3 N. FEDERAL HIGHWAY DANIA FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> 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	<b>V</b> HART, PATTY 517 N.E. 2ND PLACE DANIA, FL., 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> 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	<b>D</b> HOWELL, BOB 4801 S. UNIV. DR. #218 DANIA, FL., 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> 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	<b>P</b> 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** **DICK LEHMAN** **2/26/01** **(954) 924-3627**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)