

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90303 008 \*\*\*\*61.25

**DOCUMENT # N98000004354**

1. Entity Name

**DANIA BEACH MAIN STREET, INC.**

Principal Place of Business

Mailing Address

PO BOX 1398  
DANIA FL 33004

PO BOX 1398  
DANIA FL 33004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0859750**

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

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

Name

**TOM TISSDALE**

Street Address (P.O. Box Number is Not Acceptable)

**102 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

**TOM TISSDALE, Program Mgr.**

**1/16/02**

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 **V** ☐ Delete  
NAME **HART, PATTY**  
STREET ADDRESS **517 NE 2ND PLACE**  
CITY-ST-ZIP **DANIA FL 33004**

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

TITLE **T** ☒ Delete  
NAME **WALTER, JEFF**  
STREET ADDRESS **100 W. DANIA BLVD.**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Change ☒ Addition  
NAME **CHANTAL GAGNON**  
STREET ADDRESS **3350 NW BOCA RATON RD B-18**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Delete  
NAME **HONELL, BOB**  
STREET ADDRESS **4801 S. UNIVERSITY DR., #265**  
CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE **D** ☒ Delete  
NAME **CHRIST-MORAL, CAROL**  
STREET ADDRESS **26 N. FEDERAL HIGHWAY**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE **D** ☐ Change ☒ Addition  
NAME **JOHN STUNG**  
STREET ADDRESS **1068 SE 6 AV**  
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **S** ☐ Delete  
NAME **LEHMAN, DICK**  
STREET ADDRESS **3 N. FEDERAL HIGHWAY**  
CITY-ST-ZIP **DANIA FL 33004**

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

TITLE **P** ☐ Delete  
NAME **SEAY, RICK**  
STREET ADDRESS **215 N. FEDERAL HIGHWAY**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **1104 N 17 CT # 106  
HOLLYWOOD FL 33020**

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**

**1/16/02 954.922.5467**

CR2E037 (9/01)