

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90064 001 ****61.25

DOCUMENT # N98000007299

1. Entity Name

DOWNTOWN LARGO MAIN STREET ASSOCIATION INC.

Principal Place of Business

151 3RD ST. NW
 LARGO FL 33770

Mailing Address

PO BOX 326
 LARGO FL 33779-0326

2. Principal Place of Business

3. Mailing Address

151 3rd St. NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

4. FEI Number

59-3565411

Applied For

Not Applicable

Zip

Country

Zip

Country

33770

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

MANSFIELD, MARC
 151 3RD ST. NW
 LARGO FL 33770

Name

Maj-Charlotte C. Baumann

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

151 3rd St. NW

Largo

City

FL

Zip Code

33770

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

Maj-Charlotte C. Baumann

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/00

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 D ☐ Delete
 NAME BORTOLINI, RON
 STREET ADDRESS 706 16TH AVE. NW
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Addition
 NAME Please see attached
 STREET ADDRESS file
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME MCMANUS, MARY
 STREET ADDRESS 79 OVERBROOK BLVD., #3&4
 CITY-ST-ZIP LARGO FL 33770

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

TITLE D ☒ Delete
 NAME MANSFIELD, MARC
 STREET ADDRESS 395 1ST AVE. S.W.
 CITY-ST-ZIP LARGO FL 33770

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Andy Spetz

1/31/00

Date

(727) 518-8442

Daytime Phone #