

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90078 011 \*\*\*\*\*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

151 3RD ST. NW  
LARGO FL 33770

2. Principal Place of Business

222 W. Bay Drive  
Suite, Apt. #, etc.

3. Mailing Address

222 W. Bay Drive  
Suite, Apt. #, etc.

City & State  
Largo FL

City & State  
Largo, FL

4. FEI Number  
59-3565411

Applied For  
Not Applicable

Zip  
33770

Country  
US

Zip  
33770

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMANN, CHARLOTTE C MAJ  
151 3RD ST. NW  
LARGO FL 33770

7. Name and Address of New Registered Agent

Name Terry Moore  
Street Address (P.O. Box Number is Not Acceptable)  
222 W. Bay Dr.  
City Largo, FL 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 Terry Moore Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2-16-01

**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	D	<input checked="" type="checkbox"/> Delete
NAME	BORTOLINI, RON	
STREET ADDRESS	DURABLE COATINGS/706 16TH AVE NW	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCMANUS, MARY	
STREET ADDRESS	79 OVERBROOK BLVD., #3&4	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANSFIELD, MARC	
STREET ADDRESS	151 3RD ST NW/LARGO CHAMBER OF COM	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FLOYD, LEON	
STREET ADDRESS	P O BOX 226	
CITY-ST-ZIP	LARGO FL 33779	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPETZ, ANDY	
STREET ADDRESS	64 11TH AVE SW/COASTAL SRVC & SUPPLY, INC	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAXMAN, MONICA	
STREET ADDRESS	820 14TH AVE SW	
CITY-ST-ZIP	LARGO FL 33770	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Raun	
STREET ADDRESS	1569 Adele Place	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chester Rowe	
STREET ADDRESS	1519 Regina Dr. West	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	pd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Leon Floyd, President 2/22/01 584-6923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)