## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am DOCUMENT # N9800007299 Secretary of State 1. Entity Name 02-20-2002 90088 048 \*\*\*\*61 DOWNTOWN LARGO MAIN STREET ASSOCIATION INC. Principal Place of Business Mailing Address 222 W BAY DRIVE 222 W BAY DRIVE LARGO FL 33770 **LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3565411 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MOORE, TERRY <u>512 W. Bay</u> 222 W BAY DRIVE **LARGO FL 33770** Zip Code avau 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. President **■** Delete TITLE ☐ Change Addition TITLE Harold Hunter NAME NAME RÀUN, ALAN 1007-15 Ave 500 STREET ADDRESS STREET ADDRESS 1569 ADELE PLACE CITY-ST-ZIP Largo 72 33770 CITY-ST-ZIP LARGO FL 33770 Director Addition ☐ Change Delete TITLE D TITLE Jim Parker NAME MCMANUS, MARY NAME P.D. Box 829 STREET ADDRESS STREET ADDRESS 79 OVERBROOK BLVD., #3&4 Largo, FL CITY-ST-ZIP 33779 - 0829 CITY-ST-ZIP LARGO FL 33770 Director - Addition TITI F ✓ Delete TITLE Change Corrie Hampson NAME NAME ROWE, CHESTER 2190-17th Terrace SW STREET ADDRESS STREET ADDRESS 1519 REGINA DRIVE WEST Largo, FL 33774 CITY-ST-ZIP CITY-ST-7IP LARGO FL 33770 Change ☐ Addition PD ☐ Delete TITLE TITLE NAME NAME FLOYD, LEON STREET ADDRESS STREET ADDRESS P O BOX 226 CITY-ST-7IP CITY-ST-ZIP LARGO FL 33779 TITLE ☐ Change ☐ Addition ☐ Delete TITLE TD NAME NAME SPETZ, ANDY STREET ADDRESS STREET ADDRESS 64 11TH AVE SW/COASTAL SRVC & SUPPLY,INC CITY-ST-ZIP CITY-ST-7IP LARGO FL 33770 Delete Manager ☐ Change Addition TITLE Terry Moore NAME NAME Waxman, Monica 13668 Kimberly Oaks Cir STREET ADDRESS STREET ADDRESS 820 14TH AVE SWEE CITY-ST-ZIP CITY-ST-ZIP Largo 33774 FL LARGO FL: 33770 \* 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

FILED

IGNATURE: SIGNATORBAND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR Date Date Date Descriptor Proces

changed, or on an attachment with an address, with all other like empowered