

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90955 004 \*\*\*\*61.25

**DOCUMENT # N98000007299**

1. Entity Name

**DOWNTOWN LARGO MAIN STREET ASSOCIATION INC.**



Principal Place of Business

**512 W. BAY DR.  
LARGO FL 33770**

Mailing Address

**512 W. BAY DR.  
LARGO FL 33770**

2. Principal Place of Business

**514 1/2 1st Ave SW**

3. Mailing Address

**P.O. Box 2695**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Largo, FL**

City & State

**Largo FL**

Zip

**33770**

Country

**Pinellas**

Zip

**33779**

Country

**Pinellas**

4. FEI Number **59-3565411**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, TERRY  
512 W. BAY DR.  
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

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

**514 1/2 1st Ave SW.**

City

**Largo**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jerry Moore*

*Terry Moore*

**1-20-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HUNTER, HAROLD**  
STREET ADDRESS **607 1ST AVE. SW**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **D** ☐ Delete  
NAME **PARKER, JIM**  
STREET ADDRESS **P.O. BOX 829**  
CITY-ST-ZIP **LARGO FL 33779-0829**

TITLE **D** ☐ Delete  
NAME **HAMPSON, CORRIE**  
STREET ADDRESS **2190 17TH TERRACE SW**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☒ Delete  
NAME **FLOYD, LEON**  
STREET ADDRESS **P O BOX 226**  
CITY-ST-ZIP **LARGO FL 33779**

TITLE **TD** ☒ Delete  
NAME **SPETZ, ANDY**  
STREET ADDRESS **64 11TH AVE SW/COASTAL SRVC & SUPPLY, INC**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **M** ☐ Delete  
NAME **MOORE, TERRY**  
STREET ADDRESS **13668 KIMBERLY OAKS CIR.**  
CITY-ST-ZIP **LARGO FL 33774**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **V** ☐ Change ☒ Addition  
NAME **Ron Poole**  
STREET ADDRESS **1724 N. Missouri Ave**  
CITY-ST-ZIP **Largo FL 33770**

TITLE **T** ☐ Change ☒ Addition  
NAME **Larry Burd**  
STREET ADDRESS **350 E Bay Dr**  
CITY-ST-ZIP **Largo FL 33770**

TITLE  
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: *Jerry Moore* SIGNATURE RETURNED *Terry Moore*

**1-20-03 727-518-8442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)