

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006750

1. Entity Name

DUNNELLON MAIN STREET, INC.

Principal Place of Business

20170 E. PENNSYLVANIA
DUNNELLON FL 34432

Mailing Address

P.O. BOX 1994
DUNNELLON FL 34430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3621728

Applied For

Not Applicable

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

POST, WILLIAM A
20702 W. PENNSYLVANIA AVE.
DUNNELLON FL 34432

Name

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

City

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.

SIGNATURE

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 PD
NAME MYERS, DAVE ☐ Delete
STREET ADDRESS 10925 SW 186 CIRCLE
CITY-ST-ZIP DUNNELLON FL 34432

TITLE
NAME MYERS, DANE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BERGERON, JOYCE C ☐ Delete
STREET ADDRESS 8351 SW 209TH CT RD
CITY-ST-ZIP DUNNELLON FL 34431

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

TITLE D
NAME SHEFFIELD, LISA ☐ Delete
STREET ADDRESS 12001 PALMETTO WAY
CITY-ST-ZIP DUNNELLON FL 34432

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

TITLE D
NAME CARPENTER, SUSAN J ☒ Delete
STREET ADDRESS 9310 SW 219TH CT
CITY-ST-ZIP DUNNELLON FL 34431

TITLE DVP
NAME LONG, ROSIE ☐ Change ☒ Addition
STREET ADDRESS 12600 SW Hwy 484
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2002 (352)
489 2174

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90067 017 ****61.25



DO NOT WRITE IN THIS SPACE