

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED

Mar 19, 2001 8:00 am  
Secretary of State

02-28-2001 90025 002 \*\*\*\*61.25

DOCUMENT # N99000007110

1. Entity Name

ST. CLOUD MAIN STREET, INC.

Principal Place of Business

1200 NEW YORK AVENUE  
ST. CLOUD FL 34769

Mailing Address

P.O. BOX 702417  
ST. CLOUD FL 34770-2417

2. Principal Place of Business

1014 New York Av

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST CLOUD, FL

City & State

Zip

Country

34769

OSCEOLA

4. FEI Number

59-3614025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEBRA L. JOWERS, PA  
1801 WEST NEW NOLTE ROAD  
ST. CLOUD FL 34772

7. Name and Address of New Registered Agent

Name TRACY BAILEY

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

1014 NEW YORK AVE.

City

ST. CLOUD

FL

Zip Code

34769

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

Tracy Bailey Tracy Bailey Program Manager 1-31-2001

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

(NOTE: Registered Agent signature required when re-stating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOWERS, DEBRA L	
STREET ADDRESS	1801 W. NEW NOLTE ROAD	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, PAULA	
STREET ADDRESS	12 ORANGE AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGINS, CHUCK	
STREET ADDRESS	12 WYOMING AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MIKE	
STREET ADDRESS	6891 OLD MELBOURNE HWY.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURDOCK, LES	
STREET ADDRESS	500 GRAPE AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, SARA	
STREET ADDRESS	4501 NEPTUNE ROAD	
CITY-ST-ZIP	ST. CLOUD FL 34769	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	HELEN WILCOX	
CITY-ST-ZIP	2901-17th St, ST. CLOUD, FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	SAME	
CITY-ST-ZIP	"	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	"	
CITY-ST-ZIP	"	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President-Elect	
STREET ADDRESS	Machelle Lovin	
CITY-ST-ZIP	1211 FLORIDA AVE. ST. CLOUD, FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	SAME	
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)(b), 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

Paula A. Stark 3/15/01

Date

Daytime Phone #

CR2E037 (10/00)