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

## DOCUMENT # N99000007110

1. Entity Name

ST. CLOUD MAIN STREET, INC.



FILED
May 19, 2003 8:00 am §
Secretary of State
05-19-2003 90207 003 \*\*\*\*61.25

					<b> </b>				
		Mailing Address P.O. BOX 702417 ST. CLOUD FL 34770-2417			; (\$\$\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<b>. 19</b> 11: <b>. 1</b> 111: <b>. 1</b> 511:	<b>11</b> 401 <b>11</b> 106 <b>11</b> 1	12 P <b>4 6 E</b> 1 (1 <b>3 Q</b> 1 (2	<b>8</b> 11 <b>88</b> 11 1 <b>88</b> 1
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number <b>59-3614025</b> Applied For Not Applicable				
Zip	Country	Country Zip Co			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	T		7. Name and Addre	ss of New R	egistered A	Agent	
			Name						
BAILEY, TRACY 903 PENNSYLVANIA AVE SAINT CLOUD FL 34769			Street A	Street Address (P.O. Box Number is Not Acceptable)					
SAINT OL	-COOD FE 34709		City				FL	Zip Cod	e
SIGNATURE .	tions of registered agent.  Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signa	ture required	when reinstating)	i 1	DATE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			Payable	
10.	OFFICERS AND DIE	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICER	RS AND DIF	RECTORS IN	l 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDUFFIE, SHERRY 1819 - 11TH STREET SAINT CLOUD FL	<b>∑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKE 2612	SARA LOCK B-13th ST CLOUD, FL	E 3476	9	<b>E</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMALLWOOD, EDWARD LEO 817 BILL BECK BLVD KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODGINS, CHUCK 12 WYOMING AVENUE ST. CLOUD FL 34769	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 ST	BERT BEAU S NEW? CLOND, PI	CKA	700	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ST DENIS, ANDREW 1021 PENNSYLVANIA AVE SAINT CLOUD FL 34769	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1116	UIN LIWA CAROLINA CLOUD, PI	AVE	69	☐ Change	<b>⊠</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED MURDOCK, LES 2618 - 13TH STREET ST. CLOUD FL 34769	5Å, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP STARK, PAULA 12 ORANGE AVE SAINT CLOUD FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition

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 eath; 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:

