

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P99000048979

1. Entity Name
DOWNTOWN DWELLINGS, INC.

FILED
00 SEP 12 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1345 MAIN STREET SUITE F-1
SARASOTA FL 34236

Mailing Address
1345 MAIN STREET SUITE F-1
SARASOTA FL 34236

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
8/28/00 90036050 \$150.00
4. FEI Number
15-0923066
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RITCHEY, J. PATRICK
1345 MAIN STREET SUITE F-1
SARASOTA FL 34236

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** KE
Date Daytime Phone #

CR2034 (500)

Attachment 20f2
D#P9900JL897

UNIFORM BUSINESS REPORT

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO DOCUMENT THAT DOWNTOWN DWELLINGS DID NOT RECEIVE THE FIRST NOTICE OF THIS REPORT DUE DATE. IF WE HAD, WE WOULD HAVE PAID THIS AMOUNT ON OR BEFORE ITS DUE DATE.

WITH THAT IN MIND AND AT THE ADVICE OF YOUR GOVERNMENT REPRESENTATIVE WHO INSTRUCTED US TO WRITE THIS LETTER AND ON THE AMOUNT DUE, ENCLOSED PLEASE FIND OUR CHECK #7291 IN THE AMOUNT OF ONE HUNDRED FIFTY DOLLARS AND NO/100 (\$150.00).

IF YOU HAVE ANY QUESTIONS OR ARE IN NEED OF ADDITIONAL INFORMATION OR IF THERE ARE ANY PROBLEMS, PLEASE DO NOT HESITATE TO CALL MY OFFICE AT 941/954-7622.

THANK YOU,

J. PATRICK RITCHEY, PRESIDENT
DOWNTOWN DWELLINGS

JPR:clm
ENCLOSURE