

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **735895**

1. Entity Name

BACH FESTIVAL OF CENTRAL FLORIDA, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90139 029 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1052 CLEARVIEW AVE P.O. BOX 2764 LAKELAND FL 33806-2764 US	Mailing Address 1052 CLEARVIEW AVE. P.O. BOX 2764 LAKELAND FL 33806-2764 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 51-0204813	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STOLZ, MARK A
614 LAKE DEXTER CIR
WINTER HAVEN FL 33884

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) 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 type="checkbox"/> Delete
NAME	GOULD-MOHR, RUTH
STREET ADDRESS	323 LA SERENA
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> Delete
NAME	WHEELER, CAROLYN
STREET ADDRESS	1950 N. LAKE ELOISE DRIVE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	S <input type="checkbox"/> Delete
NAME	OTTEN, DAVID
STREET ADDRESS	6125 YARBROUGH LANE
CITY-ST-ZIP	LAKELAND FL
TITLE	T <input type="checkbox"/> Delete
NAME	STOLZ, MARK A
STREET ADDRESS	4008 MAHOGANY RUN, SE
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	P <input type="checkbox"/> Delete
NAME	HASSE, MARIE
STREET ADDRESS	80 EAST RIDGE DR.
CITY-ST-ZIP	HAINES CITY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOLANDA DYER
STREET ADDRESS	223 LAKE HARRIDGE DR W
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL REYNOLDS
STREET ADDRESS	1111 SFA DEW RUN DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBECCA PRICE
STREET ADDRESS	2055 W LAKE HAMILTON DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB MCGUIRE
STREET ADDRESS	375 W. CUMMINGS ST.
CITY-ST-ZIP	LAKE ALFRED, FL 33850
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)(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]* **4/19/2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)