

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90158 006 ****70.00

DOCUMENT # 735895

1. Entity Name

BACH FESTIVAL OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

1052 CLEARVIEW AVE
 P.O. BOX 2764
 LAKELAND FL 33806-2764
 US

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 P.O. BOX 2764
 LAKELAND FL 33806-2764
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0204813

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

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

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 NAME Delete
D GOULD-MOHR, RUTH
 STREET ADDRESS **323 LA SERENA**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE NAME Change Addition
D PAUL REYNOLDS
 STREET ADDRESS **1111 SHADON RUN DR**
 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE NAME Delete
D WHEELER, CAROLYN
 STREET ADDRESS **1950 N. LAKE ELOISE DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
S OTTEN, DAVID
 STREET ADDRESS **6125 YARBROUGH LANE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
T STOLZ, MARK A
 STREET ADDRESS **4008 MAHOGANY RUN, SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE NAME Change Addition
P, T STOLZ, MARK A
 STREET ADDRESS **614 LAKE DEXTER CIR**
 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE NAME Delete
P HASSE, MARIE
 STREET ADDRESS **80 EAST RIDGE DR.**
 CITY-ST-ZIP **HAINES CITY FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D DYER, YOLANDA
 STREET ADDRESS **223 LAKE HARTRIDGE DR N**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2001

(863) 324-7535

Date

Daytime Phone #

CR2E037 (10/00)