

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90101 032 \*\*\*\*61.25

**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**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0204813**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REYNOLDS, PAUL</b>	
STREET ADDRESS	<b>1111 SHADOW RUN DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHEELER, CAROLYN</b>	
STREET ADDRESS	<b>1950 N. LAKE ELOISE DRIVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>OTTEN, DAVID</b>	
STREET ADDRESS	<b>6125 YARBROUGH LANE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>STOLZ, MARK A</b>	
STREET ADDRESS	<b>614 LAKE DEXTER CIR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HASSE, MARIE</b>	
STREET ADDRESS	<b>80 EAST RIDGE DR.</b>	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DYER, YOLANDA</b>	
STREET ADDRESS	<b>223 LAKE HARTRIDGE DR N</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: **MARK A. STOLZ** 3/9/2002 863.605.2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)