

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90358 015 ****61.25

0600795

DOCUMENT # 735895

1. Entity Name

BACH FESTIVAL OF CENTRAL FLORIDA, INC.



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

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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NAME	
STREET ADDRESS	
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 an other like empowered.

SIGNATURE:

Mark A. Stolz
MARK A. STOLZ

4/29/03

863-605-2200

CR2E037 (10/02)