

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90028 028 ****61.25

00002123



DO NOT WRITE IN THIS SPACE

DOCUMENT # 763676

1. Entity Name
FLORIDA CAMERATA, INC.

Principal Place of Business % VIRGINIA S. DAVIDSON 210 WEST 89TH S., 4L NEW YORK NY 10024-1811 US	Mailing Address % VIRGINIA S. DAVIDSON 210 WEST 89TH S., 4L NEW YORK NY 10024-1811 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 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 13-3544059	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

DAVIDSON, KATHERINE
3951 CYPRESS LANDING WEST
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 *Virginia S. Davidson* (NOTE: Registered Agent signature required when reinstating) DATE Jan 4 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIDSON, VIRGINIA S. <input type="checkbox"/> Delete 210 W 9TH ST, 4L NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIDSON, JOHN L. <input type="checkbox"/> Delete 407 AVE. K. SE WINTER HAVEN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, KATHERINE <input type="checkbox"/> Delete 3951 CYPRESS LANDING WEST WINTER HAVEN FL FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAGG, GEORGE W. <input type="checkbox"/> Delete 2613 BENBROOK BLVD. FT. WORTH TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Virginia S. Davidson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Jan 4 2001 (212) 496-0094 DAYTIME PHONE #

CR2E037 (10/00)