

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90042 027 ****61.25

DOCUMENT # N05231

1. Entity Name

MOUNT DORA CENTER FOR THE ARTS, INC.

Principal Place of Business

Mailing Address

138 E 5TH AVENUE
MT. DORA FL 32757

138 E 5TH AVENUE
MT. DORA FL 32757-5573

C0017674

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2470958

Zip

Country

Zip

Country

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

~~MACDIARMID, KATHERINE
138 E FIFTH AVE
MOUNT DORA FL 32757~~

Name KATHERINE L. SORENSEN

Street Address (P.O. Box Number is Not Acceptable)
1525 TRIANGLE DRIVE

City MOUNT DORA FL 32757

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 ☐ Delete
NAME PD
STREET ADDRESS BLAKE, RUTH
CITY-ST-ZIP 400 W FIFTH AVE
MOUNT DORA FL 32757

TITLE ☐ Change ☐
NAME President
STREET ADDRESS Ruth Blake
CITY-ST-ZIP 140 W. Fifth Ave. Mt Dora Fla 32757

TITLE ☐ Delete
NAME VD
STREET ADDRESS LOWRY, ARCHIE JR
CITY-ST-ZIP 308 E 5TH AVE
MOUNT DORA FL 32757

TITLE ☒ Change ☐
NAME TD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS SEABROOK, ALLAN JR
CITY-ST-ZIP PO BOX 1301
MOUNT DORA FL 32757

TITLE ☒ Change ☐
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME M
STREET ADDRESS MACDIARMID, KATHERINE
CITY-ST-ZIP 200 EAST TENTH AVENUE
MOUNT DORA FL 32757

TITLE ☐ Change ☒
NAME ED TAMARA Rejimbak
STREET ADDRESS 138 EAST FIFTH AVE
CITY-ST-ZIP MT DORA, FL 32757

TITLE ☒ Delete
NAME PPD
STREET ADDRESS AMES, CATHY
CITY-ST-ZIP 659 CLARK CT
MOUNT DORA FL 32757

TITLE ☐ Change ☒
NAME SD Billie Kozlowski
STREET ADDRESS EQUESTIAN DR.
CITY-ST-ZIP Mt. DORA, FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruth Blake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 352-383-1111
Date Daytime Phone #