

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 8:00 am  
Secretary of State**

04-06-2001 90056 002 \*\*\*\*70.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2470958**

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

**SORENSEN, KATHERINE L  
1525 TRIANGLE DRIVE  
MOUNT DORA FL 32757**Name **Cindy P. McGeough**

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

**138 E. 5th Avenue**City **Mount Dora****FL**Zip Code **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

**Cindy P. McGeough (Cindy P. McGeough) 3/23/01**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BLAKE, RUTH	
STREET ADDRESS	140 W FIFTH AVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Williams T	
STREET ADDRESS	1331 Heim Rd	
CITY-ST-ZIP	Mount Dora FL 32757	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOWRY, ARCHIE JR	
STREET ADDRESS	308 E 5TH AVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brandon Wald T	
STREET ADDRESS	219 W 9th Ave	
CITY-ST-ZIP	Mount Dora FL 32757	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEABROOK, ALLAN JR	
STREET ADDRESS	PO BOX 1301	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carole Wanshaw T	
STREET ADDRESS	335 N. Clayton Street	
CITY-ST-ZIP	Mount Dora FL 32757	

TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	REJIMBAL, TAMARA	
STREET ADDRESS	138 EAST FIFTH AVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alma Wilson T	
STREET ADDRESS	1524 Sylvan Drive	
CITY-ST-ZIP	Mount Dora FL 32757	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KOZLOWSKI, BILLY E	
STREET ADDRESS	EQUESTIAN DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	Director of Development	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy McGeough	
STREET ADDRESS	138 E. 5th Ave	
CITY-ST-ZIP	Mount Dora FL 32757	

TITLE		<input type="checkbox"/> Delete
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)(1), 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:

**Cindy P. McGeough****3/23/01 352  
383-0800**

CR2E037 (10/00)