DOCUMENT # N30414 1. Entity Name						Feb 07, 2000 8:00 a Secretary of State			
MOUNT DORA VILLAGE MERCHANTS & BUSINESS ASSOCIAT							02-07-2000 90073	049 ****61.25	
Principal Place of Business Mailing Address									
352 NORTH ALEXANDER STREET P.O. BOX 378 MT. DORA FL 32757 US		P.O. BOX 378 MOUNT DORA FL 32756-0378 US			νοστουρς				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State				4. FEI Number 59-2968075 Not			
Zip	Country	Zip Country				5. Certificate of Status Desired			
	6. Name and Address of Current R	legistered Agent Name				7. Name and Address of New Registered Agent			
PRITT, BA 334 DONN MOUNT D		Street A	t Address (P.O. Box Number is Not Acceptable) FL Zip Code						
SIGNATURE	Signature, typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25	·	:: Registere	DATA d Agent signat	ture required	when reinstating) O May Be to Fees	Make Ch	2-3/-3G DATE eck Payable to ment of State	
10.	OFFICERS AND DIRE	ECTORS	11.				I ANGES TO OFFICERS AN	ID DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. 12. P. M. P.	Delete		_	Pre EV		Donnellys	Change	
TITLE	D	Delete	TITL	 E	Se	, , , ,		. (7 7) 01—	
NAME STREET ADDRESS	CONROD, ABBY		NAM STRE	EET ADDRESS	Tr	ene (Withnebert	Г	
CITY-ST-ZIP	MT. DORA-FL-32757-		CITY	-ST-ZIP		M+-170	ra, +L.	52157	
TITLE NAME STREET ADORESS	P . Pritt, Barbara 344 n. Donnelly St.	Delete .	TITI. NAM STRE		Tre	eagure		Change	
CITY-ST-ZIP	MT. DORA FL 32757			-ST-ZIP	}				
TITLE	S	Delete	TITL	E		rector	Pereira	A Change	
NAME STREET ADDRESS	RHODES, KEN		NAM • etal	ie Eet address	ca	• • • • •	nelly St		
CITY-ST-ZIP	11111 GRANDVIEW AVE MT. DORA FL	. /	1	-ST-ZIP	400	+ Dora	4.0 3375	77	
TITLE NAME	T Delete MIKLESH, KAREN			E IÉ	Charles COX				
STREET ADDRESS CITY-ST-ZIP	120 E. 4TH AVE.			EET ADDRESS '-St-Zip	62	3 N. K	aker St	9160	
TITLE	MT. DORA FL VD	Delete	TITL		 	IT LIOSO	1 30	Change	
NAME	BARWICK, JOANNE	05,000	NAM		(
STREET ADDRESS CITY-ST-ZIP	430 N DONNELLY ST MT. DORA FL 32757		CITY	ET ADDRESS '-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 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 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 chapter 617, a state of the corporation of the corporation of the receiver or trustee empowered as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 chapter 617, Florida Statutes; and that my name appears in Block 10 chapter 617, Florida Statutes; and that my name appears in Block 10 chapter 617, Florida Statutes; and that my name appears in Block 10 chapter 617, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and that my name appears in Block 10 chapter 618, Florida Statutes; and the florid									

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