FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am **DOCUMENT # N30414 Secretary of State** 1. Entity Name 02-16-2001 90026 048 ****61.25 **MOUNT DORA VILLAGE MERCHANTS & BUSINESS ASSOCIAT** Principal Place of Business Mailing Address 352 NORTH ALEXANDER STREET P.O. BOX 378 C0022303 P.O. BOX 378 MOUNT DORA FL 32756 MT. DORA FL 32757 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2968075 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PRITT, BARBARA W 334 DONNELLY ST **MOUNT DORA FL 32757** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, Change Addition TITLE TITLE Delete *ALLIWITHNELDERT* PEARSON, ERMYNE NAME NAME 140 E 4TA AV. STREET ADDRESS STREET ADDRESS 403 N DONNELLY ST m+ Dora CITY-ST-ZIP CITY - ST-7iP **MOUNT DORA FL 32757** Delete TITLE TITLE NAME WITTNEBERT, IRENE NAME STREET ADDRESS STREET ADDRESS 140 E 4TH AVE CITY-ST-ZIP CITY-ST-7/P MT. DORA FL 32757 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME PRITT, BARBARA STREET ADDRESS STREET ADDRESS 344 N. DONNELLY ST. CITY-ST-ZIP CITY-ST-ZIP MT. DORA FL 32757 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREIRA, CARLA NAME STREET ADDRESS STREET ADDRESS 400 N DONNELLY ST CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 TITLE ☐ Delete ☐ Addition TITLE NAME COX. CHARLES NAME STREET ADDRESS STREET ADDRESS 633 N BAKER ST CITY-ST-7IP CITY-ST-ZIP MOUNT DORA FL 32757 TITLE TITLE BARWICK, JOANNE NAME NAME STREET ADDRESS STREET ADDRESS 430 N DONNELLY ST CITY-ST-7IP CITY-ST-ZIP MT. DORA FL 32757

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 empower

SIGNATURE: