## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N30414**



**FILED** Feb 24, 2003 8:00 am § Secretary of State

MOUNT ION, INC	DORA VILLAGE MERCHANTS	& BUSINESS ASSOCI	IAT	02-24-2003 90220 046 ****61.25
1		Mailing Address P.O. BOX 378 MOUNT DORA FL 32756 US		
2. Principa	ll Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI. Number. 59-2968075 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current	Registered Agent	<del></del>	Fee Required
			Nam	7. Name and Address of New Registered Agent ne
PRITT, BARBARA W 334 DONNELLY ST MOUNT DORA FL 32757			Stree	et Address (P.O. Box Number is Not Acceptable)
			<del></del>	
	DOINT L 32/3/		City	Ee or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE: F	paign Financin	ignature required when reinstating)  3
10.	OFFICERS AND DIR	ECTORS	11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATTY, PRISCILLA	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  SS
NAME	SICHKO, RANDY 402 N. DONNELLY ST	Delete	TITLE NAME STREET ADDRESS	Barbara W. Pritt
CITY-ST-ZIP TITLE	MT. DORA FL 32757		CITY-ST-ZIP	Mount, Dora, Fl32757
NAME STREET ADDRESS CITY-ST-ZIP	PEARSON, ERMYNE 403 N. DONNELLY ST MT. DORA FL 32757	CP Delete	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	D PEREIRA, CARLA 400 N DONNELLY ST	Delete	TITLE 5 NAME STREET ADDRESS	Mount Joia, Fl32757  Lester Asiel Change Gadonion s 120 E. 4 D. Ave
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP	mount Dora, F1 32157
TITLE NAME :	S	Delete	TITLE 1	
STREET ADDRESS CITY-ST-ZIP	RICHARDS, LINDSEY 221 E. 3RD AV MOUNT DORA EL 32757		NAME V STREET ADDRESS	116 E 5 In A Ve.
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	_	Mount Dora, 7 1 32757

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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF BRINTED NAME OF STATES OF THE PARTY O