

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90067 041 ****61.25

DOCUMENT # N33206

1. Entity Name

MOUNT DORA SISTER CITIES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**MOUNT DORA COMMUNITY BLDG
 501 BAKER ST.
 MOUNT DORA FL 32757
 US**

**PO BOX 1651
 MOUNT DORA FL 32756-1651
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3004051

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOMICH, JAMES L
 621 E. 5TH AVE.
 MOUNT DORA FL 32757**

Name

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

City

FL

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

**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	VD	<input type="checkbox"/> Delete
NAME	BENEDICT, TED	
STREET ADDRESS	1755 SYLVAN POINT DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAREING, CHARLES F SR	
STREET ADDRESS	101 N GRANDVIEW ST, #307	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATKINSON, JUNE M	
STREET ADDRESS	659 GEORGE CT	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FORBES, ELIZABETH A	
STREET ADDRESS	100 S TREMAIN ST, E-3	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 empowered.

Charles F. Wareing Sr., President

March 24, 2000 (352) 383-2313

SIGNATURE: *Charles F. Wareing Sr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)