

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90798 040 \*\*\*\*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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3004051**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WAREING SR, CHARLES F</b>	
STREET ADDRESS	<b>101 N GRANDVIEW ST 307</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCOWAN, JOHN</b>	
STREET ADDRESS	<b>908 N CLAYTON STREET</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ATKINSON, JUNE M</b>	
STREET ADDRESS	<b>659 GEORGE CT</b>	
CITY-ST-ZIP	<b>MT DORA FL 32757</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, MARCIA O</b>	
STREET ADDRESS	<b>1051 S HIGHLAND STREET 1E</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**Elizabeth Forbes  
 100 S. Tremain Street E3  
 Mount 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 empowered.

**SIGNATURE: MARCIA O. SMITH**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/02 (952) 785-9295**  
 \_\_\_\_\_  
 Date Daytime Phone #

CR2E037 (9/01)