

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005815

1. Entity Name

MOUNT DORA FRIENDS OF THE ENVIRONMENT, INC.

Principal Place of Business

P.O. BOX 1253
MOUNT DORA FL 32756-1253

Mailing Address

P.O. BOX 1253
MOUNT DORA FL 32756-1253

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

59-3327084

Applied For

Not Applicable

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

BURR, ANDREA
408 N TREMAIN STREET
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 PD ☐ Delete
NAME YATSUK, JAMES E
STREET ADDRESS 1395 INDIANA AVE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 101 N. Grandview St., #412
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PULCINI, SYLVIA J
STREET ADDRESS 225 E. 10TH AVENUE, D-2
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME FORBES, ELIZABETH A
STREET ADDRESS 100 S. TREMAIN ST, E-3
CITY-ST-ZIP MT DORA FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HERNDON, PEARLE
STREET ADDRESS 1545 HEIM RD
CITY-ST-ZIP MT DORA FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE: Elizabeth A. Forbes
TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

(352)383-4198

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE