

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000005815**

1. Entity Name

**MOUNT DORA FRIENDS OF THE ENVIRONMENT, INC.**

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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 HOMICH, JAMES L  
STREET ADDRESS 621 E 5TH AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757TITLE PD ☒ Change ☐ Addition  
NAME Shelley, Donna S.  
STREET ADDRESS 423 E. 7th Avenue  
CITY-ST-ZIP Mount Dora, FL 32757TITLE SD ☐ Delete  
NAME BURR-YATSUK, ANDREA L  
STREET ADDRESS 101 N GRANDVIEW STREET 412  
CITY-ST-ZIP MOUNT DORA FL 32757TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD ☐ Delete  
NAME FORBES, ELIZABETH A  
STREET ADDRESS 100 S. TREMAIN ST, E-3  
CITY-ST-ZIP MOUNT DORA FL 32757TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS Mount Dora, FL 32757  
CITY-ST-ZIPTITLE VD ☐ Delete  
NAME RINGER, ROBERT K  
STREET ADDRESS 625 HIGH POINT DRIVE  
CITY-ST-ZIP MOUNT DORA FL 32757TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS Mount Dora, FL 32757  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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***Elizabeth A. Forbes**  
Treasurer

3/22/02

(352) 383-4198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90074 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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