

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004450

1. Entity Name

NATURE COAST FESTIVAL MUSIC INCORPORATED

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90177 003 ****61.25

Principal Place of Business

Mailing Address

3300 MORVEN DR
SPRING HILL FL 34609

3300 MORVEN DR
SPRING HILL FL 34609-2775

2. Principal Place of Business

26377 Richbarn Rd.

Suite, Apt. #, etc.

3. Mailing Address

26377 Richbarn Rd.

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34601

Country

City & State

Brooksville FL

Zip

34601

Country

4. FEI Number

59-3408626

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

HORN, DANIEL
3300 MORVEN DR
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name Ayer, Carol

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

26377 Richbarn Rd

City

Brooksville

FL

Zip Code

34601

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.

852/754-8739

SIGNATURE

Carol W. Ayer

Carol W. Ayer

4/14/2000

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-stating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORN, DANIEL 33300 MORVEN DR SPRING HILL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SCHWARTZ, HELEN 6327 SKYLINE CT SPRING HILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUGHERTY, MARY ANN 1321 HENRY AVE SPRINGHILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ayer, Carol 26377 Richbarn Rd. Brooksville FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Schwartz, Helen 6327 Skyline Ct Spring Hill FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Carol W. Ayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol W. Ayer

Date

Daytime Phone #

352-754-8939

4/14/2000

CR2E037 (9/99)