

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 06, 2002 8:00 am**
Secretary of State

05-06-2002 90086 018 ****61.25

DOCUMENT # N96000004450

1. Entity Name

NATURE COAST FESTIVAL MUSIC INCORPORATED

Principal Place of Business

Mailing Address

**3300 MORVEN DR
SPRING HILL FL 34609****3300 MORVEN DR
SPRING HILL FL 34609**

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

59-3408626

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****HERN, DANIEL
3300 MORVEN DR
SPRING HILL FL 34609**

Name

Horn, Daniel

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 \$61.259. 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 ☐ Delete
NAME **PD
HORN, DANIEL**
STREET ADDRESS **3300 MORVEN DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34609**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD
SCHWARTZ, HELEN**
STREET ADDRESS **6327 SKYLINE CT**
CITY-ST-ZIP **SPRING HILL FL 34608**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD
DOUGHERTY, MARY ANN**
STREET ADDRESS **1321 HENRY AVE**
CITY-ST-ZIP **SPRINGHILL FL 34608**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 (352) 683-8906

CR2E037 (9/01)