

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90836 014 ****61.25

DOCUMENT # N97000004823

1. Entity Name

MOUNT DORA FESTIVAL OF MUSIC AND LITERATURE, INC



Principal Place of Business

**699 EAST FIFTH AVENUE
MOUNT DORA FL 32752**

Mailing Address

**P.O. BOX 712
MOUNT DORA FL 32756-0712**

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 **59-3467731**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MIDDLETON, HARLOW C
699 EAST FIFTH AVENUE
MOUNT DORA FL 32752**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☐ Delete
NAME **BROWN, WARNER**
STREET ADDRESS **550 SAND LAKE CT.**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **Stephanie Duncan D,** ☐ Change ☒ Addition
NAME **456 W. 10th Avenue**
STREET ADDRESS **Mount Dora, FL 32757**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DAVIS, HARRIETT**
STREET ADDRESS **939 PAGE LANE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **Tracy Gerken D** ☐ Change ☒ Addition
NAME **711 Old Eustis Road**
STREET ADDRESS **Mount Dora, FL 32757**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MIDDLETON, HARLOW C**
STREET ADDRESS **699 EAST FIFTH AVENUE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **Albert Liveright**
STREET ADDRESS **2340 Park Forest Blvd.**
CITY-ST-ZIP **Mount Dora, FL 32757**

TITLE **D** ☐ Delete
NAME **CARLTON, JAMES**
STREET ADDRESS **1450 HILLTOP DRIVE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **Russell Martel D** ☐ Change ☐ Addition
NAME **2309 Overlook Drive**
STREET ADDRESS **Mount Dora, FL 32757**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FORBES, DOROTHY**
STREET ADDRESS **15743 FAIRVIEW POINT**
CITY-ST-ZIP **TAVARES FL 32787**

TITLE **John McCowan D** ☐ Change ☐ Addition
NAME **908 N. Clayton Street**
STREET ADDRESS **Mount Dora, FL 32757**
CITY-ST-ZIP

TITLE **Barbara Anderson D** ☐ Delete
NAME **209 Shorewood Drive**
STREET ADDRESS **Tavares, FL 32778**
CITY-ST-ZIP

TITLE **Henry Strauss T/O** ☐ Change ☐ Addition
NAME **3948 Cactus Lane**
STREET ADDRESS **Mount Dora, FL 32757**
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:

[Handwritten Signature]
HARLOW C MIDDLETON

1/9/03 352 3838105

CR2E037 (10/02)