

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90009 011 ****61.25

DOCUMENT # 719684

1. Entity Name

MAITLAND ART ASSOCIATION, INC.

Principal Place of Business

**231 W PACKWOOD AVE
MAITLAND FL 32751-5596**

Mailing Address

**231 W PACKWOOD AVE
MAITLAND FL 32751-5596**

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 **59-1312244**

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

**SHEPP, JAMES G
231 W PACKWOOD AVE
MAITLAND FL 32751**

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 ~~4VCT~~ ☐ Delete
NAME **REEVES, STOCKTON**
STREET ADDRESS **1491 MIZELL AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **Chair/Trustee** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~T2VC~~ ☐ Delete
NAME **HARPER, WALLACE G**
STREET ADDRESS **756 ROSEMERE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **T1VC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Xip Code 32835-4422**

TITLE ~~TC~~ ☒ Delete
NAME **PLANTE, JANE**
STREET ADDRESS **70 KING ST**
CITY-ST-ZIP **EUSTIS FL**

TITLE **Trustee/Secretary** ☐ Change ☒ Addition
NAME **L. Diane Evans**
STREET ADDRESS **2214 Lakeside Avenue**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ~~TC~~ ☒ Delete
NAME **EDENFIELD, MARY**
STREET ADDRESS **548 FAITH CIRCLE**
CITY-ST-ZIP **MAITLAND FL**

TITLE **Trustee/2nd Vice Chair** ☐ Change ☒ Addition
NAME **Priscilla Cockerell**
STREET ADDRESS **9163 Great Heron Circle**
CITY-ST-ZIP **Orlando, FL 32836**

TITLE ~~TT~~ ☐ Delete
NAME **VAUGHN, RENAE**
STREET ADDRESS **241 WOOD LAKE DRIVE**
CITY-ST-ZIP **MAITLAND FL 32751**

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 an other like empowered.

SIGNATURE:

STOCKTON REEVES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stockton Reeves, Chair 1/16/ 407.384.8883

Board of Trustees

02 Daytime Phone #

CR2E037 (9/01)