## 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 727938** 

## FILED Jan 20, 2001 8:00 am Secretary of State

1. Entity Nam		OF MOUNT DORA	, INC					-20-2001 9002.				
Principal Place	ce of Busines	es	Mailing Address									
P.O. BOX 111 MOUNT DORA FL 32757 US		P./O. BOX 111 MOUNT DORA FL 32757 US	MOUNT DORA FL 32757			) ( <b>188</b> )()	12010 110(1 10010 1010 <b>0</b> 11	EBA K <b>O</b> NI BIBNI BE	ASI MENIK NINKI AL	<b>B</b> SS <b>B</b> S <b>B</b> SS 1 <b>0 8</b> 4		
2. Principal F	Place of Busi	ness	3. Mailing Address									
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	<del></del> -				DO NOT WR	ITE IN THIS	SPACE		
City & State			City & State				4. FEI Number Applied For Not Applicable					
Zip Country			Zip	Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required					
-7	- 6. Name	and Address of Curre	ent Registered Agent				7. Name and	Address of New i	Registered /	Agent		
KARR, JE 205 E. Th	HRD AVE.			-	Name Street Ac	ddress (P.	O. Box Numb	per is Not Acceptable	le)			
MT. DOR/	A FL 32757	•		<b> </b>	City				FL	Zip Cod	e	
9 The share		to a charite this statement	t for the number of changing its		d affice or			ath in the state of El		<u> </u>	/	
<b>a.</b> The above	e named entit	y submits this statemen	it for the purpose of changing its	registered	o office of	registered	agent, or bo	otn, in the state of Fi	orida.	. Na		
	- <del>- ()</del>	AH		7	12-1/-		<u></u>		<del>    / [ ]  </del>		ļ	
SIGNATURE	Signature, types	or printed name of registered ag		E: Registered	Agent signatu	re required wh	nen reinstating)		DATE	~7		
FILE NOW: FEE IS \$61.25												
			9. Election Campaigr Trust Fund Contrib		g 🗆	\$5.00 Added to			e Check Fepartment	Payable to of State		
10.	FEE IS		Trust Fund Contrib			Added to	Fees		partment	of State		
TITLE	FEE IS	\$61.25 OFFICERS AND	Trust Fund Contrib	11.		Added to	Prees	ANGES TO OFFICE	epartment	of State		
	P BRUNETT 2711 BAY	OFFICERS AND T, DUANE TVIEW DR	Trust Fund Contrib	11. TITLE		Added to	Prees	ANGES TO OFFICE	epartment	of State	10	
TITLE NAME STREET ADDRESS	P BRUNETT	OFFICERS AND T, DUANE TVIEW DR	Trust Fund Contrib	11. TITLE NAME STREET		Added to	Prees	De	epartment	of State	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNETT 2711 BAY EUSTIS F	OFFICERS AND	Trust Fund Contrib	11. TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST- ZIP	Added to	Prees	ANGES TO OFFICE	epartment	of State RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BRUNETH 2711 BAY EUSTIS F T KARR, JE 205 E. Th	OFFICERS AND	Trust Fund Contrib	11. TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP	Added to	Prees	ANGES TO OFFICE	epartment	of State RECTORS IN Change	10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BRUNETT 2711 BAY EUSTIS F T KARR, JE 205 E. TH. MT. DOR. S EULIOTT, 590 CHAI MOUNT I D BARNEY,	OFFICERS AND OFFICERS AND T, DUANE OFFICERS AND T, DUANE OFFICERS AND TO SELL	Trust Fund Contrib	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	Added to	DITIONS/CHAM DR. Mai	HANGES TO OFFICE  In porte  Trand Guid  1, 71 32	epartment	RECTORS IN Change	10 Addition Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

357-135-1262

Daytime Phone #