

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 743413

FILED
Aug 03, 2003
Secretary of State

Entity Name: HISTORIC MOUNT DORA, INCORPORATED

Current Principal Place of Business:

450 ROYELLOU LANE
MT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1166
P. O. BOX 1166
MT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-1913908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREED-WEST, LUCRETIA
647 NORTH GRANDVIEW
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FREED-WEST, LUCRETIA
Address: 647 N GRANDVIEW
City-St-Zip: MOUNT DORA, FL 32757

Title: DV () Delete
Name: MCCOWAN, JOHN
Address: 908 NORTH CLAYTON
City-St-Zip: MT DORA, FL 32757

Title: DTR () Delete
Name: BERSELL, ROBERT T
Address: 2005 SUSSEX DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: WEST, CHRISTINE
Address: 445 E 7TH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DTR (X) Change () Addition
Name: ROGERS, CAROL
Address: 1459 OVERLOOK DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: DS (X) Change () Addition
Name: WEST, CHRISTINE
Address: 445 E 7TH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ROGERS

DTR

08/03/2003

Electronic Signature of Signing Officer or Director

Date