## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State **DOCUMENT # 763676** FLORIDA CAMERATA, INC. 01-11-2001 90028 028 \*\*\*\*61.25 Principal Place of Business Mailing Address % VIRGINIA S. DAVIDSON % VIRGINIA S. DAVIDSON 110002123 210 WEST 89TH S., 4L 210 WEST 89TH S., 4L NEW YORK NY 10024-1811 NEW YORK NY 10024-1811 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-3544059 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DAVIDSON, KATHERINE 3951 CYPRESS LANDING WEST WINTER HAVEN FL 33884 Zip Code City 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Department of State Trust Fund Contribution. FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition ☐ Delete TITLE TITLE DAVIDSON, VIRGINIA S. NAME NAME 210 W 9TH ST. 4L STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition VPD ☐ Delete TITLE TITLE DAVIDSON, JOHN L. NAME NAME STREET ADDRESS 407 AVE. K. SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL ☐ Addition TITLE Change ☐ Delete DAVIDSON, KATHERINE NAME NAME STREET ADDRESS STREET ADDRESS 3951 CYPRESS LANDING WEST CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL FL 33884 Addition ☐ Change TITLE ☐ Delete TITLE BRAGG, GEORGE W. NAME NAME STREET ADDRESS 2613 BENBROOK BLVD. STREET ADDRESS CITY-ST-ZIP FT. WORTH TX CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.