

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90017 040 ****61.25

DOCUMENT # 763676

1. Entity Name

FLORIDA CAMERATA, INC.

Principal Place of Business

Mailing Address

% VIRGINIA S. DAVIDSON
 210 WEST 89TH S., 4L
 NEW YORK NY 10024-1811
 US

% VIRGINIA S. DAVIDSON
 210 WEST 89TH S., 4L
 NEW YORK NY 10024-1811
 US

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

13-3544059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON, KATHERINE
3951 CYPRESS LANDING WEST
WINTER HAVEN FL 33884

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

Virginia S. Davidson
 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	DP	<input type="checkbox"/> Delete
NAME	DAVIDSON, VIRGINIA S.	
STREET ADDRESS	210 W 9TH ST, 4L	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVIDSON, JOHN L.	
STREET ADDRESS	407 AVE. K. SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIDSON, KATHERINE	
STREET ADDRESS	3951 CYPRESS LANDING WEST	
CITY-ST-ZIP	WINTER HAVEN FL FL 33884	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRAGG, GEORGE W.	
STREET ADDRESS	2613 BENBROOK BLVD.	
CITY-ST-ZIP	FT. WORTH TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Virginia S. Davidson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)