


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91014 001 ****61.25

DOCUMENT # 763676

1. Entity Name
FLORIDA CAMERATA, INC.



Principal Place of Business Mailing Address

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DAVIDSON, KATHERINE
3951 CYPRESS LANDING WEST
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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*

CR2E037 (10/02)