

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # N01000003129**

1. Entity Name

**MOUNT DORA 2010, INC.**

09-15-2002 90092 028 \*\*\*\*75.00

Principal Place of Business <b>408 N TREMAIN STREET MOUNT DORA FL 32757</b>	Mailing Address <b>408 N TREMAIN STREET MOUNT DORA FL 32757</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BURR-YATSUK, ANDREA L 408 N TREMAIN STREET MOUNT DORA FL 32757</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>After September 13, 2002, min. will be \$236.25.</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YATSUK, JAMES J</b> <b>101 N GRANDVIEW STREET #412</b> <b>MT DORA FL 32757</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ryan Donovan</b> <b>1010 E. 5th Ave.</b> <b>MOUNT DORA, FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>JONES, EDWARD B.</b></del> <b>Andrea L.</b> <b>101 N GRANDVIEW STREET #412</b> <b>MT DORA FL 32757</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>VICE President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>James E. Yatzuk</b> <b>101 N. Grandview Street, #412</b> <b>MOUNT DORA, FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROOKS, C EDWARD III</b> <b>101 N GRANDVIEW STREET #412</b> <b>MT DORA FL 32757</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOMICH, JAMES L</b> <b>621 E 5TH AVE</b> <b>MT DORA FL 32757</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>no longer a director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAMER, JANE S</b> <b>601 N MCDONALD ST</b> <b>MT DORA FL 32757</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Secretary/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kramer, Jane S.</b> <b>601 N. McDonald Street</b> <b>Mount Dora, FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>*</b> <b>This is an incorrect name for the original</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

CR2E037 (4/02)