

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

FILED
Aug 11, 2003 8:00 am
Secretary of State

DOCUMENT # **N01000008323**

1. Entity Name

SANFORD HERITAGE FESTIVAL, INC.



08-11-2003 90285 049 ****61.25

Principal Place of Business

Mailing Address

**313 PALMETTO AVE
SANFORD FL 32771**

**313 PALMETTO AVE
SANFORD FL 32771**

2. Principal Place of Business

200 WOODS TRAIL

3. Mailing Address

200 WOODS TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number **01-0699647**

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

**KUHN, ROBERT
313 PALMETTO AVE
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **CAREY E. FERRELL**
Street Address (P.O. Box Number is Not Acceptable)
200 WOODS TRAIL

City

SANFORD

FL

Zip Code

32771

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

Carey E. Ferrell **CAREY E. FERRELL**

8-9-03

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
After September 10, 2003, min will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	KUHN, ROBERT	
STREET ADDRESS	313 PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STAIRS, KARL	
STREET ADDRESS	1301 E. SEMINOLE BLVD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRELL, CAREY	
STREET ADDRESS	200 WOODS TRAIL	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLK, BRIAN	
STREET ADDRESS	531 N. PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL 32771	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE *Carey E. Ferrell* **CAREY E. FERRELL**

8-9-03

407-330-4994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

0017687