

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 21, 2002 8:00 am
Secretary of State

03-26-2002 90008 035 *****8.75
02-12-2002 90098 029 *****61.25

DOCUMENT # N02292
1. Entity Name
~~OGCA, INC.~~ *NIC AM*
Festival of Orchestras, Inc.

Principal Place of Business Mailing Address
1900 N. MILLS AVE. STE. 6 1900 N. MILLS AVE. STE. 6
ORLANDO FL 32803 ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number Applied For
59-2416916 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

RONEY, JOY
1800 N. MILLS AVE, STE. 6
ORLANDO FL 32803

JOSEPH J. RIZZO
Street Address (P.O. Box Number is Not Acceptable)
1900 NORTH MILLS AVE. STE -6
City **ORLANDO** **FL** Zip Code **32803**

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 *[Signature]* **JOSEPH J. RIZZO** **012202**
Signature, typed or printed name of registered agent and date 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 NAME PD RIZZO, JOSEPH J	<input type="checkbox"/> Delete STREET ADDRESS 2125 NORTH HAMPTON CIRCLE CITY-ST-ZIP WINTER PARK FL 32792	TITLE NAME CEO JOSEPH J. RIZZO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2125 NORTH HAMPTON CIRCLE CITY-ST-ZIP WINTER PARK, FL. 32792
TITLE NAME GMD RONEY, JOY	<input checked="" type="checkbox"/> Delete STREET ADDRESS 350 SYLVAN BLVD CITY-ST-ZIP WINTER PARK FL	TITLE NAME SECRETARY JAMES L. LAWRENCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 5900 LAKWELLENOR DR CITY-ST-ZIP ORLANDO, FL. 32809
TITLE NAME SD POLAKOFF, LILY	<input checked="" type="checkbox"/> Delete STREET ADDRESS 4925 LINDSAY CT. CITY-ST-ZIP ORLANDO FL	TITLE NAME TD FOOTE, ROGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 7600 SOUTHLAND BLVD. CITY-ST-ZIP ORLANDO FL
TITLE NAME TD FOOTE, ROGER	<input type="checkbox"/> Delete STREET ADDRESS 7600 SOUTHLAND BLVD. CITY-ST-ZIP ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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]* **JOSEPH J. RIZZO** **01/25/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **407-896-2451** Daytime Phone #