

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90042 027 ****61.25

DOCUMENT # N05231

1. Entity Name

MOUNT DORA CENTER FOR THE ARTS, INC.

Principal Place of Business

Mailing Address

138 E 5TH AVENUE
 MT. DORA FL 32757

138 E 5TH AVENUE
 MT. DORA FL 32757-5573

C0017674

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2470958**

Zip

Country

Zip

Country

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

~~MACDIARMID, KATHERINE
 138 E FIFTH AVE
 MOUNT DORA FL 32757~~

Name **KATHERINE L. SORENSEN**

Street Address (P.O. Box Number is Not Acceptable)
1525 TRIANGLE DRIVE

City **MOUNT DORA** FL Zip Code **32757**

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, 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 Delete
 NAME **PD BLAKE, RUTH**
 STREET ADDRESS **400 W FIFTH AVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change
 NAME **President Ruth Blake**
 STREET ADDRESS **140 W. Fifth Ave, Mt Dora Fla**
 CITY-ST-ZIP **32757**

TITLE Delete
 NAME **VD LOWRY, ARCHIE JR**
 STREET ADDRESS **308 E 5TH AVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change
 NAME **TD**

TITLE Delete
 NAME **TD SEABROOK, ALLAN JR**
 STREET ADDRESS **PO BOX 1301**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change
 NAME **D**

TITLE Delete
 NAME **M MACDIARMID, KATHERINE**
 STREET ADDRESS **200 EAST TENTH AVENUE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change
 NAME **ED TAMARA Rejimbak**
 STREET ADDRESS **138 EAST FIFTH AVE**
 CITY-ST-ZIP **MT DORA, FL 32757**

TITLE Delete
 NAME **PPD AMES, CATHY**
 STREET ADDRESS **659 CLARK CT**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change
 NAME **SD Billie Kozlowski**
 STREET ADDRESS **EQUESTRIAN DR.**
 CITY-ST-ZIP **Mt. DORA, FL 32757**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change
 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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruth Blake
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 **352-383-1111**

Date Daytime Phone #