

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21279

1. Entity Name

LAKE MARY-HEATHROW FESTIVAL OF THE ARTS, INC.

Principal Place of Business

Mailing Address

213 COUNTRY CLUB ROAD
LAKE MARY FL 32746
US

P.O. BOX 950128
LAKE MARY FL 32795

2. Principal Place of Business

3. Mailing Address

P.O. Box 952125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary FL

Zip

Country

Zip

Country

32746-2125

USA

4. FEI Number

59-2822893

Applied For

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

Name

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

City

FL

Zip Code

LASH, DELORES. M
213 COUNTRY CLUB ROAD
LAKE MARY FL 32746

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

DeLore Lash

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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	LASH, DELORES	
STREET ADDRESS	213 COUNTRY CLUB RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	PICOU, KARI M	
STREET ADDRESS	139 ESTATES CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	SENADOR, GIGI	
STREET ADDRESS	4240 WEST LAKE MARY BLVD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKO, MARY	
STREET ADDRESS	1450 COVE HILL COURT	
CITY-ST-ZIP	LONGWOOD FL 32750	
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
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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:

DeLore Lash DeLore Lash

4-3-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-18-2002 90432 034 ****61.25

37532



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)