

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28774

1. Entity Name

LEESBURG ART FESTIVAL, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90248 027 ****61.25

Principal Place of Business	Mailing Address
111 SOUTH 5TH STREET LEESBURG FL 34748 US	P.O. BOX 490043 LEESBURG FL 34749-0043 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 111 South 6th Street	Suite, Apt. #, etc.
City & State Leesburg FL	City & State

Zip 34748	Country USA	Zip	Country
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4. FEI Number 58-1830071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARGROVE, JACK H
111 SOUTH 5TH STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name Rhonda Gerber
Street Address (P.O. Box Number is Not Acceptable)
111 S. 6th STREET
Leesburg FL 34748
City FL 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.

SIGNATURE *[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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARGROVE, JACK H 515 WEST MAIN STREET LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBER, RHONDA H 9251 SILVERLAKE DRIVE LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIGHT, JOYCE L 4315 LAKE STREET LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADGETT, GREGORY P 206 NORTH 3RD STREET LEESBURG FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM welch 706 W. main st Leesburg FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VPD Henry Couture 33043 shady Acres Rd LEESBURG FL 34748 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)