

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32525

1. Entity Name

MOUNT DORA COMMUNITY CONCERT ASSOCIATION, INC.

Principal Place of Business

P O BOX 843
MOUNT DORA FL 32757

Mailing Address

P O BOX 843
MOUNT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2979030

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

ALLAN E HORN, SR
1401 EDGEWATER DR
MT DORA FL 32757

Name

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

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, 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 TD
NAME SARAH LA MARCHÉ ☐ Delete
STREET ADDRESS 4112 LAKE FOREST
CITY-ST-ZIP MT DORA FL 32757

TITLE TREASURER ☐ Change ☒ Addition
NAME Sarah La Marche
STREET ADDRESS 34340 PARKVIEW AVE
CITY-ST-ZIP EUSTIS, FL 32736

TITLE PD
NAME ALLAN HORN ☐ Delete
STREET ADDRESS 1410 EDGEWATER DR
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PP ☒ Delete
NAME DALE GEORGE
STREET ADDRESS 729 HAZEN ST
CITY-ST-ZIP MT DORA FL 32757

TITLE VP ☐ Change ☒ Addition
NAME DAVE DICKERSON
STREET ADDRESS 585 S. Sandlake Court
CITY-ST-ZIP MT DORA, FL 32757

TITLE SD ☐ Delete
NAME ESTHER DIRLAM
STREET ADDRESS 18850 BATES AVE
CITY-ST-ZIP EUSTIS FL 32736

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME DAVE DICKERSON
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SARAH R. LA MARCHÉ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

(352) 343-9823

Daytime Phone #

CR2E037 (10/00)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90397 033 ****61.25

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DO NOT WRITE IN THIS SPACE