

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34317

1. Entity Name

SENKERS FESTIVAL INC.

Principal Place of Business

P O BOX 08424
FORT MYERS FL 33908
US

Mailing Address

P O BOX 08424
FORT MYERS FL 33908
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HOLLAND, SUSAN M
11701 POINTE CIRCLE DR
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

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

TITLE PD
NAME KAYRISH, KITTY
STREET ADDRESS 5817 DRIFTWOOD PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE TD
NAME HOLLAND, SUSAN
STREET ADDRESS P O BOX 08424 N/A
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE SD
NAME EZZI, CINDA
STREET ADDRESS 2727 WINKLER AVE
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE D
NAME WHITE, TERRY
STREET ADDRESS 2285 FIRST ST.
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE SD
NAME SCHNARS, WENDY
STREET ADDRESS 3410 PALM BEACH BLVD.
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Susan M Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

694-2151 x 131

Daytime Phone #

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

01-30-2001 90013 041 ****61.25

907660



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)