

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90249 012 ****61.25

DOCUMENT # N41281

1. Entity Name

MISS FLORIDA PAGEANT ORGANIZATION, INC.

Principal Place of Business

**3705-4 S LAKE ORLANDO PKWY
ORLANDO FL 32808**

Mailing Address

**3705-4 S LAKE ORLANDO PKWY
ORLANDO FL 32808**

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

59-3037591

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

FINNELL, MARIE**3705-4 SO. LAKE ORLANDO PKWY
ORLANDO FL 32808**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TD	HOLTGREFFE, EARL	492 COUNTRY CLUB DRIVE	LONGWOOD FL	VP	Agnes Baker	19831 Hwy 39 South	Lithia, FL 33547
C	WHITE, ROBERT M	300 LAKE BLVD	SANFORD FL	D	Liz Moore	5805 Trailwinds Dr. #326	Ft. Myers, FL 33907
SD	SCHULMAN, CYNDI	1800 SW CRANE CREEK AVE	PALM CITY FL	D	Addie Spicuzza	2187 Waterside Dr.	Clearwater, FL 33764
D	DIXON, HENRY	400 E. COLONIAL DRIVE, #1409	ORLANDO FL	VP	Henry Dixon		
P	FINNELL, MARIE	3705-4 S LAKE ORLANDO PK	ORLANDO FL	D	Robert Thompson	417 Snapping Turtle Ct. E.	Atlantic Beach, FL 32233
VP	TIMMONS, PATRICIA	18524 S.W. 293RD TERRACE	HOMESTEAD FL				

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:

Marie Finnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)