

2002 UNIFORM BUSINESS REPORT (UBR)

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 TD
NAME HOLTGREFE, EARL
STREET ADDRESS 492 COUNTRY CLUB DRIVE
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE D
NAME Holtgrefe, Earl
STREET ADDRESS 492 Country Club Drive
CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

TITLE C
NAME WHITE, ROBERT M
STREET ADDRESS 300 LAKE BLVD
CITY-ST-ZIP SANFORD FL ☐ Delete

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

TITLE SD
NAME SCHULMAN, CYNDI
STREET ADDRESS 1800 SW CRANE CREEK AVE
CITY-ST-ZIP PALM CITY FL ☐ Delete

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

TITLE D
NAME DIXON, HENRY
STREET ADDRESS 400 E. COLONIAL DRIVE, #1409
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE VD
NAME Henry Dixon
STREET ADDRESS 400 E. Colonial Drive #1409
CITY-ST-ZIP Orlando, FL 32803 ☒ Change ☐ Addition

TITLE P
NAME FINNELL, MARIE
STREET ADDRESS 3705-4 S LAKE ORLANDO PK
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE VP
NAME TIMMONS, PATRICIA
STREET ADDRESS 18524 S.W. 293RD TERRACE
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

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:

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

4-20-02



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)