

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005317

1. Entity Name

NORTHLAND FOUNDATION FOR THE ARTS AND EDUCATION,

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90004 015 ****70.00

Principal Place of Business

Mailing Address

530 DOG TRACK ROAD
LONGWOOD FL 32750

530 DOG TRACK ROAD
LONGWOOD FL 32750-6546

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

59-3347016

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

DUNEGAN, STEPHEN D ESQ.
800 N MAGNOLIA AVE
SUITE 1500
ORLANDO FL 32803

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 ☒ Delete
D HUNTER, JOEL C DR.
STREET ADDRESS 2441 LAKE VISTA COURT, #201
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE NAME ☐ Change ☒ Addition
Director
Rainwater, Vernon
STREET ADDRESS 1019 Sapling Drive
CITY-ST-ZIP Winter Springs, FL 32708

TITLE NAME ☒ Delete
D WALLACE, KATHY R
STREET ADDRESS 1615 THORNHILL CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE NAME ☐ Change ☒ Addition
Director
Alice Bass
STREET ADDRESS 475 Church Avenue
CITY-ST-ZIP Longwood, FL 32750

TITLE NAME ☐ Delete
D TRACEY, TIMOTHY J
STREET ADDRESS 1111 ARDEN STREET
CITY-ST-ZIP LONGWOOD FL 32750

TITLE NAME ☐ Change ☒ Addition
Director
Brad Young
STREET ADDRESS 543 Sundown Trail
CITY-ST-ZIP Casselberry, FL 32707

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Tracey

Date

Daytime Phone #

5/9/00 407-339-6624

CR2E037 (9/99)