

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004450

1. Entity Name

NATURE COAST FESTIVAL MUSIC INCORPORATED

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90030 008 ****61.25

0014903

Principal Place of Business

26377 RICHBARN ROAD
 BROOKSVILLE FL 34601

Mailing Address

26377 RICHBARN ROAD
 BROOKSVILLE FL 34601

00075993

2. Principal Place of Business

3300 Morven Drive

Suite, Apt. #, etc.

3. Mailing Address

3300 Morven Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

Zip

34609

Country

City & State

Spring Hill, FL

Zip

34609

Country

4. FEI Number

59-3408626

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

Name

Horn, Daniel

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

3300 Morven Drive

City

Spring Hill

FL

Zip Code
 34609

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

Daniel V. Horn

President
 8/15/01

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
 After September 12, 2001, min. will be \$236.25

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	<input checked="" type="checkbox"/> Delete
NAME	AYER, CAROL	
STREET ADDRESS	26377 RICHBARN ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, HELEN	
STREET ADDRESS	6327 SKYLINE CT	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOUGHERTY, MARY ANN	
STREET ADDRESS	1321 HENRY AVE	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horn, Daniel	
STREET ADDRESS	3300 Morven Drive	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Daniel V. Horn

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SIGNATURE: Daniel V. Horn

8/15/01

352-683-8906

352-683-8906

CR2E037 (5/01)