

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90242 035 \*\*\*\*\*61.25

**DOCUMENT # N96000004450**

1. Entity Name

**NATURE COAST FESTIVAL MUSIC INCORPORATED**



Principal Place of Business

**3300 MORVEN DR  
SPRING HILL FL 34609**

Mailing Address

**3300 MORVEN DR  
SPRING HILL FL 34609**

2. Principal Place of Business

**4276 Montgomery Street**

Suite, Apt. #, etc.

3. Mailing Address

**4276 Montgomery Street**

Suite, Apt. #, etc.

City & State  
**Brooksville, FL**

City & State  
**Brooksville, FL**

4. FEI Number **59-3408626**

Applied For

Not Applicable

Zip

**34601-8380**

Country

**Hernando**

Zip

**34601-8380**

Country

**Hernando**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HERN, DANIEL  
3300 MORVEN DR  
SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name  
**Sandra Kaliscak**  
Street Address (P.O. Box Number is Not Acceptable)  
**4276 Montgomery Street**  
City  
**Brooksville** FL Zip Code  
**34601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sandra L. Kaliscak* **Sandra L. Kaliscak** **4/21/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>HORN, DANIEL</b>	
STREET ADDRESS	<b>3300 MORVEN DRIVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34609</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, HELEN</b>	
STREET ADDRESS	<b>6327 SKYLINE CT</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>DOUGHERTY, MARY ANN</b>	
STREET ADDRESS	<b>1321 HENRY AVE</b>	
CITY-ST-ZIP	<b>SPRINGHILL FL</b>	
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	<b>Kaliscak, Sandra</b>	
STREET ADDRESS	<b>4276 Montgomery Street</b>	
CITY-ST-ZIP	<b>Brooksville, FL 34601</b>	
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:

*Sandra L. Kaliscak*

**4/21/03**

**352-796-3291**

CR2E037 (10/02)