

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001111

1. Entity Name

GREATER SEBRING FESTIVALS, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90047 022 ****61.25

Principal Place of Business

Mailing Address

~~309 SOUTH CIRCLE~~
~~SEBRING FL 33870~~
230 S. COMMERCIAL AVE
SEBRING, FL. 33870

~~309 SOUTH CIRCLE~~
~~SEBRING FL 33870-3314~~
230 S. COMMERCIAL AVE.
SEBRING, FL. 33870

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

65-0891703

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

SWAINE, MICHAEL
113 MIDWAY DRIVE
SEBRING FL 33870

Name JOHN K. McCLURE, PA
Street Address (P.O. Box Number is Not Acceptable)
230 S. COMMERCIAL AVE.
SEBRING
City FL Zip Code 33870

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

John K. McClure

4/12/00

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 PD
NAME HYATT, JAMES J
STREET ADDRESS ~~309 SOUTH CIRCLE~~ 231 US 27 NORTH
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE TD
NAME ALAN J. WILDSTEIN
STREET ADDRESS 441 US 27 NORTH
CITY-ST-ZIP SEBRING, FL. 33870 ☐ Change ☒ Addition

TITLE STD
NAME FISH, ALLON R
STREET ADDRESS 309 SOUTH CIRCLE
CITY-ST-ZIP SEBRING FL 33870 ☒ Delete

TITLE SD
NAME GRACE OWENS
STREET ADDRESS 2121 E. LAKEVIEW DR.
CITY-ST-ZIP SEBRING, FL. 33870 ☐ Change ☒ Addition

TITLE D
NAME WILDSTEIN, ALAN J
STREET ADDRESS 309 SOUTH CIRCLE
CITY-ST-ZIP SEBRING FL 33870 ☒ Delete

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

TITLE D
NAME ROBERTS, STEVE
STREET ADDRESS 309 SOUTH CIRCLE
CITY-ST-ZIP SEBRING FL 33870 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)