

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004896

1. Entity Name

DELAND FALL FESTIVAL OF THE ARTS, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90071 002 \*\*\*\*\*61.25

0022554

Principal Place of Business

100 N WOODLAND BLVD. SUITE 4  
DELAND FL 32721

Mailing Address

PO BOX 3194  
DELAND FL 32721

**736749**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

59-3635388

4. FEI Number

~~APPLIED FOR~~

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORNETT, TAVER  
100 N WOODLAND BLVD, SUITE 4  
DELAND FL 32721

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FINCHER, W MICHAEL 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR, WILLIAM 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORNETT, TAVER 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEER, TERRI 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, PATRICIA 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHANNA KNOX S/D 100 N WOODLAND BLVD SUITE 4 DELAND, FL 32720 CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOROTHY DANSBERGER 100 N WOODLAND BLVD SUITE 4 DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVE DORIS VD 100 N WOODLAND BLVD SUITE 4 DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)