

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004896

1. Entity Name

DELAND FALL FESTIVAL OF THE ARTS, INC.

FILED

Mar 28, 2002 8:00 am  
Secretary of State

03-28-2002 90786 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

100 N WOODLAND BLVD. SUITE 4  
DELAND FL 32721

PO BOX 3194  
DELAND FL 32721

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

59-3635388

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

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

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 SD ☒ Delete  
NAME KNOX, JOHANNA  
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4  
CITY-ST-ZIP DELAND FL 32721

TITLE SD ☐ Change ☒ Addition  
NAME DENISE FINCHER  
STREET ADDRESS 100 N. WOODLAND BLVD  
CITY-ST-ZIP DELAND, FL 32720

TITLE CEO ☒ Delete  
NAME O'CONNOR, WILLIAM  
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4  
CITY-ST-ZIP DELAND FL 32721

TITLE CEO ☐ Change ☒ Addition  
NAME MICHAEL FINCHER  
STREET ADDRESS 100 N WOODLAND BLVD SUITE 4  
CITY-ST-ZIP DELAND, FL 32720

TITLE TD ☐ Delete  
NAME CORNETT, TAVER  
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4  
CITY-ST-ZIP DELAND FL 32721

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

TITLE VD ☐ Delete  
NAME DANSBERGER, DOROTHY  
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4  
CITY-ST-ZIP DELAND FL 32721

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

TITLE PD ☐ Delete  
NAME GREEN, PATRICIA  
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4  
CITY-ST-ZIP DELAND FL 32721

TITLE P.P.D. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME DORIS, DAVE  
STREET ADDRESS 100 N WOODLAND BLVD SUITE 4  
CITY-ST-ZIP DELAND FL 32720

TITLE P.D. ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02 738 0649  
Date Daytime Phone #

CR2E037 (9/01)