

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004896

1. Entity Name

DELAND FALL FESTIVAL OF THE ARTS, INC.

Principal Place of Business

100 N WOODLAND BLVD. SUITE 4  
DELAND FL 32721

Mailing Address

PO BOX 3194  
DELAND FL 32721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3635388

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

7. Name and Address of New Registered Agent

CORNELL, 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

CR2E037 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOX, JOHANNA 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENISE FINCHER 100 N WOODLAND BLVD DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO O'CONNOR, WILLIAM 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHAEL FINCHER 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	TD CORNELL, TAVER 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANBERGER, DOROTHY 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, PATRICIA 100 N WOODLAND BLVD, SUITE 4 DELAND FL 32721	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORIS, DAVE 100 N WOODLAND BLVD SUITE 4 DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.	<input checked="" type="checkbox"/> Change <input 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:

*SARAH TAVER CORNELL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02 738 0689

Daytime Phone #