

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025971

1. Entity Name

SEMINOLE COUNTY FAIR, INC.

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90006 001 \*1,650.00

Principal Place of Business

7120 LAKE ELLENOR DRIVE  
ORLANDO FL 32809

Mailing Address

POST OFFICE BOX 55  
ORLANDO FL 32802-0055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3448747**

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

BENITEZ, AGUSTIN J  
7120 LAKE ELLENOR DRIVE  
ORLANDO FL 32809

Name

COFFEY, CRAIG T.

Street Address (P.O. Box Number is Not Acceptable)

7120 LAKE ELLENOR DRIVE

City

ORLANDO, FLORIDA

FL

Zip Code

32809

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **STRATES, E. JAY**  
STREET ADDRESS **7120 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **DAS** ☐ Delete  
NAME **MAGIS, SUSAN STRATES**  
STREET ADDRESS **7120 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☒ Change ☐ Addition  
NAME **MAGID, SUSAN STRATES**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DAS** ☐ Delete  
NAME **DOREMUS, SIBYL STRATES**  
STREET ADDRESS **7120 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **S/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **BENITEZ, AGUSTIN J.**  
STREET ADDRESS **7120 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/99)