

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90113 027 ***150.00

0011595 AV

DOCUMENT # P97000025971			
1. Entity Name SEMINOLE COUNTY FAIR, INC.			
Principal Place of Business 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809		Mailing Address POST OFFICE BOX 55 ORLANDO FL 32802	
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 59-3448747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COFFEY, CRAIG T 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809		7. Name and Address of New Registered Agent Name Donald G. NAGEL Street Address (P.O. Box Number is Not Acceptable) 7120 LAKE ELLENOR DR. City Orlando FL Zip Code 32809	
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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 **Donald G. NAGEL** DATE **8-21-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRATES, E. JAY 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 <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	DAS MAGID, SUSAND S 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 <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	SD DOREMUS, SIBYL STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 <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	S BENITEZ, AGUSTIN J. 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAGEL, DONALD G. 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** DATE **8-21-01** DAYTIME PHONE # **407-855-3939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

① Draft P97000025971
B0062824

August 24, 2001

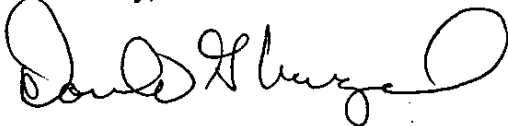
Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Please find enclosed, a check in the amount of \$150.00 for the 2001 Uniform Business Report Filing Fee for Seminole County Fair, Inc. FEI # 59-3448747. The original forms were never received by our office.

At this time we would like to request that you accept the original filing fee. Please take into consideration, that we are filing a number of these forms and cannot afford the additional fees. Should you have any questions please feel free to contact me at 407-855-3939.

Sincerely,



Donald G. Nagel
Controller

sdc