## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 24, 2001 8:00 am Secretary of State **DOCUMENT # 710099** 1. Entity Name PINELLAS YOUTH SYMPHONY, INC. 01-24-2001 90047 031 \*\*\*\*61.25 Mailing Address Principal Place of Business C O MARY T. NEWPORT C O MARY T. NEWPORT C0008569 1860 SHARPE LANE P.O. BOX 2755 **DUNEDIN FL 34697-2755** PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-6173059 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROMANOV, BETH 1925 MARLA COURT **DUNEDIN FL 34698** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition PN TITLE Т D TITLE Delete NEWPORT: MARY-T-NAME NAME J. Gerard Correa STREET ADDRESS STREET ADDRESS 1860 SHARPE LANE 275 96th Ave. No. #6 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 94683-St Petersburg FL Addition T D Delete ☐ Change TITLE P D TITLE NEWPORT, STEVEN-NAME NAME Sandra Rossiter STREET ADDRESS -1860 SHARPE-LANE -STREET ADDRESS 1080 3 16th Ave. No. CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683---<u>St Petersburg FL 33704</u> VP D Change ☐ Addition ☐ Delete TITL F TITLE HEFNER, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 11200 102ND TERR N CITY-ST-ZIP CITY-ST-7(P SEMINOLE FL 33778 ☐ Change ☐ Addition Delete TITLE TITLE NAME HEMPFLING, LORI NAME STREET ADDRESS 9968 110TH STREET NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SEMINOLE FL 33772** ☐ Addition ☐ Delete TITI F ☐ Change TITLE ROMANOV, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 1925 MARLA CT. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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**