2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 710590 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** THE IMPERIAL SYMPHONY ORCHESTRA, INC. 03-14-2000 90032 025 ****70.00 Principal Place of Business Mailing Address P. O. BOX 2623 1037 S. FLORIDA AVE. LAKELAND FL 33806-2623 #125 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6177414 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KING, J. LENORA 1037 S FLORIDA AVE **STE 125** Zip Code FL LAKELAND FL 33803 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 小学 / ・・ ど - OFFICERS AND DIRECTORS 10. 11. D ★ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MCLAUGHLIN, THOMAS STREET ADDRESS STREET ADDRESS 1037 S. FLORIDA AVE. #125 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Change X Addition TITLE SD ☐ Delete TITLE ÄÖWARD LEVASSEUR STEDEM, CANDACE NAME NAME **STE 125** 1037 S FLORIDA AVE, STREET ADDRESS STREET ADDRESS 1037 S FLORIDA AVE. STE 125 LAKELAND, FL 33803 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change Addition TITLE TD ☐ Delete TITLE SD NAME NAME DAVIS. BARBARA CINDY PRICE STREET ADDRESS STREET ADDRESS 1037 S FLORIDA AVE STE 125 1037 S FLORIDA AVE CITY-ST-7IP CITY-ST-ZIP <u>Lakeland fl</u> lakeland, fl. 33803 Addition TITLE **VD** ☐ Delete TITLE Change NAME NAME SANSOME, ROB STREET ADDRESS STREET ADDRESS 1037 S. FLORIDA AVENUE, #125 CITY-ST-ZIP CITY-ST-ZIP LAK<u>eland</u> FL <u>33803</u> ☐ Delete TITLE ☐ Change Addition 3JTIT NAME HERNANDEZ, ANDRES STREET ADDRESS STREET ADDRESS 2510 S. FLORIDA AVENUE CITY-ST-ZIP CITY-\$T-ZIP LAKELAND FL ☐ Delete Change ☐ Addition TITLE NAME WORTMAN, MARY NAME STREET ADDRESS STREET ADDRESS 1037 S. FLORIDA AVE, #125 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment w

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

ess, with all other like empowered