

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **769952**

*check # 22*

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90152 009 \*\*\*\*61.25

1. Entity Name  
**BONITA SPRINGS CHORUS, INC.**

Principal Place of Business

Mailing Address

% ANNE NELESEN  
 18114 ADAMS CIRCLE, SE  
 FORT MYERS FL 33912

% ANNE NELESEN  
 18114 ADAMS CIRCLE, SE  
 FORT MYERS FL 33912-3051

2. Principal Place of Business

3. Mailing Address

*POST OFFICE Box 2966*  
 Suite, Apt. #, etc.  
**BONITA SPRINGS FL**

*POST OFFICE Box 2966*  
 Suite, Apt. #, etc.  
**BONITA SPRINGS FL**

City & State  
**34133 USA**

City & State  
**34133 USA**

Zip  
**34133**

Country  
**USA**

Zip  
**34133**

Country  
**USA**

4. FEI Number **59-2327717**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELESEN, ANNE**  
 18114 ADAMS CIRCLE, SE  
 FORT MYERS FL 33912

Name **JOHN F. BELT**

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

**130 FAIRWAY CIRCLE**

City **NAPLES**

FL Zip Code **34110-1116**

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 *John F. Belt* **JOHN F. BELT TREASURER** **4-26-00**  
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

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME BUTE, ARLENE	
STREET ADDRESS 815 GULF PAVILION DR 102	
CITY-ST-ZIP NAPLES FL 34108	
TITLE TD	<input type="checkbox"/> Delete
NAME BELT, JOHN F.	
STREET ADDRESS 130 FAIRWAY CIRCLE	
CITY-ST-ZIP NAPLES FL 34110	
TITLE SD	<input type="checkbox"/> Delete
NAME ANDERSON, OLGA	
STREET ADDRESS 605 PALM VIEW DR	
CITY-ST-ZIP NAPLES FL 34110	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME GARCIA, CELIA	
STREET ADDRESS 22077 SEA SHORE CIR	
CITY-ST-ZIP ESTERO FL 33928	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME SEGES, PHIL	
STREET ADDRESS 25802 COCKLESHELL 114A	
CITY-ST-ZIP BONITA SPRINGS FL 34135	
TITLE CD	<input checked="" type="checkbox"/> Delete
NAME NELESEN, ANNE (CHAIRMAN)	
STREET ADDRESS 18114 ADAMS CIRCLE SE	
CITY-ST-ZIP FORT MYERS FL 33912	

TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DASHIELL, GEORGE	
STREET ADDRESS 20216 ORANGETREE LANE	
CITY-ST-ZIP ESTERO FL 33928	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JUDGE, MAUREEN	
STREET ADDRESS 21686 FOUNTAIN LAKE	
CITY-ST-ZIP ESTERO FL 33928	
TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MODESTINE, CHARLOTTE	
STREET ADDRESS 76758 CARMEL WAY	
CITY-ST-ZIP BONITA SPRINGS FL 34134	

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: *John F. Belt* **JOHN F. BELT TREASURER** **4-26-00** **941-597-3499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF12E037 (9/99)