

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90026 039 ****61.25

DOCUMENT # N36020

1. Entity Name

THE SYMPHONY GUILD OF WINTER HAVEN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7721
 WINTER HAVEN FL 33883-7721

P.O. BOX 7721
 WINTER HAVEN FL 33883-7721

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

59-2991692

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

SIEGEL, BILL
279 LAKE LULU
WINTER HAVEN FL 33880

Name

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

City

FL

Zip Code

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 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	VP	<input type="checkbox"/> Delete
NAME	WILLIAM BOYNTON,	
STREET ADDRESS	120 ODIN DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNOR, RUTH E.	
STREET ADDRESS	541 S LAKE MARTHA DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BENTLEY, CAROL	
STREET ADDRESS	1365 S LAKE ROY DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOLDEN, CAROL ANNE	
STREET ADDRESS	P.O. BOX 411 N/A	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYS, SARAH H.	
STREET ADDRESS	1309 MIRROR TERR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TYLER, NORMA L	
STREET ADDRESS	1776 6TH ST. NW APT 606	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lester Collier, Jr.	
STREET ADDRESS	3 Brogden Point	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Butz	
STREET ADDRESS	5000 Varty Road	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edith Hester	
STREET ADDRESS	228 Lake Link Road, S.E.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rita Hilton	
STREET ADDRESS	2295 Helen Circle, W.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Katros	
STREET ADDRESS	500 Lake Elbert Dr., W.	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Siegel	
STREET ADDRESS	279 Lake Lulu	
CITY-ST-ZIP	Winter Haven, FL 33880	

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: *Norma L. Tyler* **SIGNATURE REQUIRED** Norma L. Tyler T 1/14/00 (863) 293-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)