

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90028 045 ****61.25

DOCUMENT # N36020

1. Entity Name

THE SYMPHONY GUILD OF WINTER HAVEN, INC.

Principal Place of Business

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

Mailing Address

**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	P	<input type="checkbox"/> Delete
NAME	COLLIER, LESTER	
STREET ADDRESS	3 BROGDEN POINT	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
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 checked="" 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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grant Lacerte, Sr	
STREET ADDRESS	6759 Winterset Gardens Rd	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherry Anastasio	
STREET ADDRESS	4 Brogden Lane	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Bentley	
STREET ADDRESS	232 McLean Pointe	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Hankin	
STREET ADDRESS	467 Las Cruces	
CITY-ST-ZIP	Winter Haven, FL 33884	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margery L. Dillashaw	
STREET ADDRESS	252 Overlook Drive	
CITY-ST-ZIP	Winter Haven, FL 33884	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norma L. Tyler, T Jan. 10, 2002 (863) 293-1300

Date

Daytime Phone #

CR2E037 (9/01)