

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90206 036 \*\*\*\*61.25

<b>DOCUMENT # N42601</b> 1. Entity Name <b>THE ORLANDO PHILHARMONIC ORCHESTRA, INC.</b>					
Principal Place of Business <b>812 E ROLLIONS STREET ORLANDO FL 32803 US</b>			Mailing Address <b>P.O. BOX 540203 ORLANDO FL 32854 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3058884</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRIGHT, SUSAN K 528 PARK N CT WINTER PARK FL 32789</b>				Name <b>DAVID SCHILLHAMMER</b> Street Address (P.O. Box Number is Not Acceptable) <b>812 E ROLLINS ST.</b> City <b>ORLANDO</b> FL Zip Code <b>32803</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>David Schillhammer</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/12/03</b>	
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD BLACKBURN, JOHN <i>Treasurer</i>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>221 SHELL PT. RD. E</b>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>MAITLAND FL 32751</b>		STREET ADDRESS	<b>JOHN CASEPIER</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>		CITY-ST-ZIP	<b>741 DIXIE PARKWAY</b>	
TITLE	<del>PD BRIGHT, SUSAN</del>		TITLE	<b>WINTER PARK, FL 32789</b>	
NAME	<del><b>528 PARK NORTH CT</b></del>		NAME	<b>JOHN CASEPIER</b>	
STREET ADDRESS	<del><b>WINTER PARK FL</b></del>		STREET ADDRESS	<b>741 DIXIE PARKWAY</b>	
CITY-ST-ZIP	<del><b>WINTER PARK FL</b></del>		CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
TITLE	<del>SD CURRAN, SUSAN</del>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del><b>2338 C S CONWAY RD</b></del>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del><b>ORLANDO FL</b></del>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<del><b>ORLANDO FL</b></del>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<del>D GOLDMAN, STEPHEN</del>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del><b>2009 VENETIAN WAY</b></del>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del><b>WINTER PARK FL 32789</b></del>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<del><b>WINTER PARK FL 32789</b></del>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John O. Blackburn</i> <b>JOHN O. BLACKBURN, TREAS</b> <b>4/15/03</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

PR2037 (10/02)