## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empoy

## **FILED** Mar 27, 2000 8:00 am Secretary of State DOCUMENT # **N93000000355** 1. Entity Name SUNCOAST CHORALE, INC. 03-27-2000 90063 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 895 S INDIANA 895 S INDIANA STE 104 STE 104 A Section of the second 629747 ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-3800 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 65-0432964 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) DOTSON, SYDNEY M 30 BUNKER CT **ROTONDA WEST FL 33947** 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, ☐ Change ☐ Addition TITLE ☐ Delete TITLE **BROWER, JOE** NAME NAME STREET ADDRESS 19 SPORTSMAN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROTONDA FL 33947 TITLE VPD Delete TITLE Change ☐ Addition NAME DOTSON, SYDNEY NAME 30 BUNKER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROTONDA FL 33947 TITLE SD Delete Delete TITLE - Change - Addition SYLVIA BLAKESLEE 1748 BANYAN DRIVE NAME BONAMER, SUSAN NAME STREET ADDRESS 3124 ARGYLE RD STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Delete TITLE Change ■ Addition TITLE STOLFA, FRANK NAME NAME STREET ADDRESS 9961 EAGLE PRESERVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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