

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

0074741

DOCUMENT # N93000000355

1. Entity Name

SUNCOAST CHORALE, INC.

04-16-2001 90037 041 ****61.25

| | |
|---|---|
| Principal Place of Business 895 S INDIANA STE 104 ENGLEWOOD FL 34223 US | Mailing Address 895 S INDIANA STE 104 ENGLEWOOD FL 34223 US |
|---|---|

UUUJ666U



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0432964 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| DOTSON, SYDNEY M 30 BUNKER CT ROTONDA WEST FL 33947 | | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP | PD BROWER, JOE 19 SPORTSMAN RD ROTONDA FL 33947 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LYMAN HARTLEY 290 CORAL CREEK DRIVE CAPE HAZE FL 33946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DOTSON, SYDNEY 30 BUNKER CT ROTONDA FL 33947 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHIRLEY CAHOW 7220 BRANDYWINE DRIVE ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BLAKESLEE, SYLVIA 1748 BANYAN DRIVE VENICE FL 34293 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DON WALKER 222 SOUTHAMPTON LANE VENICE FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT STOLFA, FRANK 9961 EAGLE PRESERVE DR ENGLEWOOD FL 34224 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOE BROWER 19 SPORTSMAN RD ROTONDA FL 33947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLO CABANA 962 JOLANDA CIRCLE VENICE FL 34292 <input type="checkbox"/> Change <input checked="" 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: *FRANK C. STOLFA* **FRANK C. STOLFA** 4-10-01 941-697-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

SUNCOAST CHORALE INC,

FEI # 65-0432964

LINE 11 (CONTINUED)

ADDITIONS

DOCUMENTS
N193805
D0030860

D

SPEIR COLLINS
1087 HOOVER CIRCLE
NOKOMIS FL 34275

D

BILL MEITER
436 ZACAPA AVE,
VENICE FL 34292

D

ELISE SHEPPARD
1065 SCHOONER LANE
ENGLEWOOD FL 34224

D

NANCY STOLFA
9961 EAGLE PRESERVE DRIVE
ENGLEWOOD FL 34224

D

BILL TRUMBULL
5855 MIDNIGHT PASS RD,
SARASOTA FL 34242