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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90008 011 \*\*\*\*70.00

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1. Corporation Name

THE FLORIDA ORCHESTRA/NORTH SUNCOAST ASSOCIATES,  
INC.

5/2107 - 90008 - 11

Principal Place of Business

101 SOUTH HOOVER BLVD., STE. 100  
TAMPA FL 33609

Mailing Address

101 SOUTH HOOVER BLVD., STE. 100  
TAMPA FL 33609



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 6301  
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/12/1998

4. FEI Number

59-3474423

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SLAUGHTER, JOHN E JR  
1253 PARK STREET  
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP  
NAME DEMAS, CHRIS W  
STREET ADDRESS 2214 LAGOON DR.  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE DP  
NAME DEMAS, JOANNA  
STREET ADDRESS 2214 LAGOON DR.  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE DV  
NAME OPITZ, REINHARD  
STREET ADDRESS 13300 INDIAN ROCKS ROAD, #406  
CITY-ST-ZIP LARGO FL 34644

TITLE DV  
NAME OPITZ, CONNIE  
STREET ADDRESS 13300 INDIAN ROCKS ROAD, #406  
CITY-ST-ZIP LARGO FL 34644

TITLE DS  
NAME MCGHEE, MARTHA  
STREET ADDRESS 2688 WALNUT DR.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE DS  
NAME LONGO, LAURA  
STREET ADDRESS 520 PURPLE FINCH WAY  
CITY-ST-ZIP PALM HARBOR FL 34683

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE DP  
1.2 NAME OPITZ, CONSTANCE L.  
1.3 STREET ADDRESS 225 ORLANDO RD.  
1.4 CITY-ST-ZIP BELLEAIR FL. 33756

2.1 TITLE DP  
2.2 NAME OPITZ, REINHARD R.  
2.3 STREET ADDRESS 225 ORLANDO RD.  
2.4 CITY-ST-ZIP BELLEAIR FL. 33756

3.1 TITLE DV  
3.2 NAME FRIEDMAN, MARILE  
3.3 STREET ADDRESS 10612 ANDREW LANE  
3.4 CITY-ST-ZIP LARGO FL 33777

4.1 TITLE DV  
4.2 NAME FRIEDMAN, JACK  
4.3 STREET ADDRESS 10612 ANDREW LANE  
4.4 CITY-ST-ZIP LARGO FL 33777

5.1 TITLE DS  
5.2 NAME WILEMAN, BOBBI  
5.3 STREET ADDRESS 2340 GREGIAN WAY, APT. 26  
5.4 CITY-ST-ZIP CLEARWATER FL. 33763

6.1 TITLE DS  
6.2 NAME LAWTON, LYNN  
6.3 STREET ADDRESS 717 WILKIE ST.  
6.4 CITY-ST-ZIP DUNEDIN FL 34698

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)