

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002758

1. Entity Name

THE FLORIDA ORCHESTRA/NORTH SUNCOAST ASSOCIATES,

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90084 014 ****61.25

Principal Place of Business 101 SOUTH HOOVER BLVD., STE. 100 TAMPA FL 33609	Mailing Address PO BOX 6301 CLEARWATER FL 33758-6301 US
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DO NOT WRITE IN THIS SPACE

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 59-3474423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLAUGHTER, JOHN E JR
1253 PARK STREET
CLEARWATER FL 33756**

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 _____ (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	DP	<input type="checkbox"/> Delete
NAME	OPITZ, CONSTANCE L	
STREET ADDRESS	225 ORLANDO RD	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	DP	<input type="checkbox"/> Delete
NAME	OPITZ, REINNARD	
STREET ADDRESS	225 ORLANDO RD.	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MARILE	
STREET ADDRESS	10612 ANDREW LANE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JACK	
STREET ADDRESS	10612 ANDREW LANE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILEMAN, BOBBI	
STREET ADDRESS	2340 GRECIAN WAY APT 26	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LAWTON, LYNN	
STREET ADDRESS	717 WILKIE ST	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED OPITZ 5/1/00 727-586-3669
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)