

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736815

1. Entity Name

OKALOOSA SYMPHONY ORCHESTRA, INC.

FILED

Jun 25, 2002 8:00 am  
Secretary of State

06-25-2002 90447 047 \*\*\*\*61.25

Principal Place of Business

38 SW ROBINWOOD DR.  
FT WALTON BCH FL 32548  
US

Mailing Address

155 COUNTRY CLUB RD  
SHALIMAR FL 32579  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1696559

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE, JACK N M  
155 COUNTRY CLUB RD  
SHALIMAR FL 32579

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

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

(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 SD ☐ Delete  
NAME MITCHELL, MIKE  
STREET ADDRESS 616 PELICAN DR.  
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BARLOTTA, NICHOLAS  
STREET ADDRESS 22 WRIGHT DR  
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME DALE, JACK  
STREET ADDRESS 155 COUNTRY CLUB RD.  
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DALE, JANE K  
STREET ADDRESS 155 COUNTRY CLUB ROAD  
CITY-ST-ZIP SHALIMAR FL 32574

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Jack N M Dale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-02

Date

850-657-5049

Daytime Phone #

CR2E037 (9/01)