

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0046296

DOCUMENT # 700826

1. Entity Name

OPERA GUILD, INC. OF FORT LAUDERDALE

03-19-2001 90467 030 ****61.25

Principal Place of Business

Mailing Address

**JOSEPHINE S. LEISER OPERA CENTER
 221 SOUTHWEST THIRD AVENUE
 FT. LAUDERDALE FL 33312**

**JOSEPHINE S. LEISER OPERA CENTER
 221 SOUTHWEST THIRD AVENUE
 FT. LAUDERDALE FL 33312**

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 **59-0906317**

Applied For
 Not Applicable

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

**VALDES-FAULI CORPORATE SERVICES
 2 SOUTH BISCAYNE BLVD.
 STE 3400
 MIAMI FL 33131**

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 **D** ☐ Delete
 NAME **CODO, NORMAN F**
 STREET ADDRESS **1740 SABAL PALM DR**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **Director, Vice President** ☒ Change ☐ Addition
 NAME **Stephen Keller**
 STREET ADDRESS **777 Bayshore Drive**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE **P** ☐ Delete
 NAME **KELLER, STEPHEN**
 STREET ADDRESS **777 BAYSHORE DR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

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

TITLE **SD** ☐ Delete
 NAME **LEACH, HARRIET**
 STREET ADDRESS **4211 NE 25TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

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

TITLE **PD** ☐ Delete
 NAME **HINKLEY, ROGER**
 STREET ADDRESS **111 POMPANO BEACH BLVD**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

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

TITLE **D** ☐ Delete
 NAME **CRAIN, JOAN**
 STREET ADDRESS **1100 EAST LAS OLAS BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

TITLE **M** ☐ Delete
 NAME **HEUER, ROBERT M**
 STREET ADDRESS **1200 CORAL WAY**
 CITY-ST-ZIP **MIAMI FL 33145**

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:

ROBERT M HEUER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-01

Date

305/854-1643

Daytime Phone #

CR2E037 (10/00)