

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700826

1. Entity Name

OPERA GUILD, INC. OF FORT LAUDERDALE

Principal Place of Business

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

Mailing Address

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	CODO, NORMAN F	1740 SABAL PALM DR	BOCA RATON FL	<input checked="" type="checkbox"/>
DVP	KELLER, STEPHEN	777 BAYSHORE DR	FORT LAUDERDALE FL 33304	<input type="checkbox"/>
SD	LEACH, HARRIET	4211 NE 25TH AVE	FT LAUDERDALE FL 33308	<input type="checkbox"/>
PD	HINKLEY, ROGER	111 POMPANO BEACH BLVD	POMPANO BCH FL 33062	<input type="checkbox"/>
D	CRAIN, JOAN	1100 EAST LAS OLAS BLVD	FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/>
M	HEUER, ROBERT M	1200 CORAL WAY	MIAMI FL 33145	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TD	DENNIS BEDLEY	1200 CORAL WAY	MIAMI, FL 33145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90452 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)