

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90165 023 ****70.00

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ROBERT M. HEUER**
Street Address (P.O. Box Number is Not Acceptable)
1200 CORAL WAY
City **MIAMI** FL Zip Code **33145**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEDLEY, DENNIS 1200 CORAL WAY MIAMI FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KELLER, STEPHEN 777 BAYSHORE DR FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEACH, HARRIET 4211 NE 25TH AVE FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINKLEY, ROGER 111 POMPANO BEACH BLVD POMPANO BCH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HEUER, ROBERT M 1200 CORAL WAY MIAMI FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **REQUIRED**

CR2E037 (10/02)