## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 703056**

## SOUTHWEST FLORIDA SYMPHONY ORCHESTRA AND CHORUS

2001 UNIFORM BUSINESS REPORT (UBR DOCUMENT # 703056  1. Entity Name					FILED May 01, 2001 8:00 am Secretary of State 05-01-2001 90133 040 ****70.00				
SOUTHW	VEST FLORIDA SYMPHONY (	ORCHESTRA AND CHO	DRUS			05-01-2001 90133 0	40 ****70.	00	
Principal Place	e of Business	Mailing Address			1				
4560 VIA ROYALE SUITE 2 FORT MYERS FL 33919 US		4560 VIA ROYALE SUITE 2 FORT MYERS FL 33919 US		1 JEDINI JEDIN BOJER NIJA GRADA GANA DANI DIGAN BADIN BERM BADIN DERIM BADIN DERIM BADIN DERIM BADIN DERIM BADIN					
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 59-1350404 Applied For Not Applied be					
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Registered		•	1
				Name					
FURRY, S	HIRLEY A ROYALE, SUITE 2	Street Addr		et Address	ess (P.O. Box Number is Not Acceptable)				
FT. MYERS FL 33919							1 - 3		
			City	land land					
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered offic	e or registe	ered agent, or bot	h, in the state of Florida.	ر ب	,	
SIGNATURE	Signature, typed or printed name of registerer/agent a	and title if applicable.	SH,r Registered Agent si	le. F.	ed when reinstating)	ECUTIVE DIRECTOR DATE	4061	o į	
FILE NOW: FEE IS \$61.25				00 May Be Make Check Payable to do Fees Department of State					
10.	OFFICERS AND DIF		11.			L ANGES TO OFFICERS AND D	DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRANE, MORTON 4864 LAUREL LANE FORT MYERS FL 33908-2023	🔀 Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS 1	obert Per	ur Cottage Ct.	Change	<b>⊠</b> Addition	CR2E037 (10/00)
TITLE NAME	DC SHEELEY, MICHAEL K	🔀 Delete	TITLE NAME	1	C		🔀 Change	☐ Addition	CR2
STREET ADDRESS CITY-ST-ZIP	15960 CINDY LANE FORT MYERS FL 33908		STREET ADDRE	ESS 9	homas Uhl 246 Yucca	Ct.			
TITLE	DS	☐ Delete	TITLE		anibel, F V	L 33957	Change	<b>➤</b> Addition	1
NAME STREET ADDRESS	KOLLMAR, DOROTHY 5206 SW 12TH PL		NAME STREET ADDRI		ill Gold				
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP	4	6299 Edge t. Myers,				
TITLE NAME	DV PECERI, MICHAEL B	☐ Delete	TITLE NAME	1	- -		☐ Change	Addition	
STREET ADDRESS	3350 N. KEY DRIVE, APT A201		STREET ADDR	ESS					
CITY-ST-ZIP	FORT MYERS FL 33903	——————————————————————————————————————	CITY-ST-ZIP						-
TITLE NAME	THOMAS, UHLER J	Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	9426 YUCCA CT		STREET ADDR						
TITLE	SANIBEL FL 33957	☐ Delete	TITLE	1			☐ Change	☐ Addition	1
NAME STREET ADDRESS			NAME STREET ADDR	iecc			-		
CITY-ST-ZIP			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 truetee 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.