2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 713571 Jan 25, 2000 8:00 am Secretary of State 1. Entity Name THE FLORIDA ORCHESTRA, INC. 01-25-2000 90033 046 ****70.00 Mailing Address Principal Place of Business 101 SOUTH HOOVER BLVD 101 SOUTH HOOVER BLVD SUITE 100 SUITE 100 TAMPA FL 33609-5400 TAMPA FL 33609 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number City & State City & State 59-1223691 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUITE 100 HOLM, KATHRYN 101 SOUTH HOOVER BLVD SUITE 100 ^෭෦**෪ඁ෪ඁ**෮෮ඁඁ **TAMPA FL 33609** 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 JANUARY 5. SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE HOLM, KATHRYN NAME D. STONE NAME LEDNARD STREET ADDRESS 17E 100 STREET ADDRESS 1010 SOUTH HOOVER BLVD SUITE 100 101 S. HOOVE CITY-ST-7/P CITY-ST-7IP TAMPA FL Change ☐ Addition ☐ Delete TITLE TITLE PARK, RICHARD NAME NAME STREET ADDRESS 100 SECOND AVENUE SOUTH STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ST. PETERSBURG FL: 33701 Change Change ☐ Addition ☐ Delete TITLE MURRAY, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 5301 W CYPRESS ST #307 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33067 ☐ Addition TITLE ☐ Delete TITLE BETZER, SUSAN DR NAME NAME STREET ADDRESS STREET ADDRESS 461 SEVENTH AVE. S. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 Change TITLE ☐ Delete CANTONIS, MARIA NAME NAME STREET ADDRESS STREET ADDRESS 205 BAYVIEW DR CITY-ST-ZIP CITY-ST-ZIP **BELLEAIR FL 34616** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 truebe 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: